

Chemist & Druggist

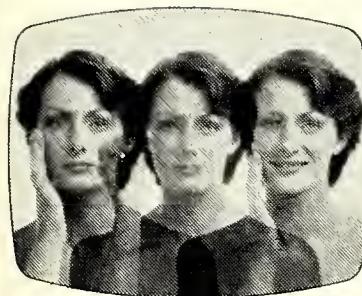
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APRIL 23 1977

THE NEWSWEEKLY FOR PHARMACY



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PSGB, PSNC plan for cuts in drug bill

TUC and CBI do not speak for pharmacy — president

Hospital pharmacists' pay award

Is pharmacy going the wrong way?

PHILIPS REPORT

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Chemist & Druggist

The newsweekly for pharmacy

23 April 1977 Vol. 207 No. 5063

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Editor Ronald E. Salmon, MPS

Advertisement Manager Peter Nicholls, JP

Director Arthur Wright, FPS, DBA

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 Midlands 240-244 Stratford Road, Shirley, Solihull, West
 Midlands B90 3AE 021 744 4427
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Comment

Counter claims

The president of the Pharmaceutical Society, Mr J. P. Bannerman, was due on Wednesday evening to launch a spirited attack on the whittling away of the standard of living of the professions, in relation to that of other members of the community (p556). He complains, with justification, that only big business and trade unions win the ear of government when it comes to economic policy, and that groups such as the professions have suffered as a result.

So far so good, and presumably the president is staking pharmacy's claim to a particularly significant slice of whatever cake may be on offer (or grabbed by those with the loudest voices and strongest muscles) at the end of the present pay code. But his message relates mainly to "professional" remuneration, while the whole future of general practice pharmacy as we know it today is being influenced at least as much by the independent pharmacist's falling income from retailing.

Two recently published reviews of 1976 sales demonstrate some disturbing trends. Overall, chemists' total share of the market has been keeping pace with that of other retailers, but closer examination of the statistics shows that the advantage is going to the multiples. For example, A. C. Nielsen & Co reported (last week, p524) that chemists' counter turnover was up by only 10 per cent in 1976, with a loss of volume sales (NHS being up nearly 34 per cent helped them to maintain their position). Nielsen statistics do not include Boots, whose figures inevitably distort the total "chemist" sector. But from the Economist Intelligence Unit's annual review of retailing, published this week in their *Retail Business*, independent retailers generally were 13 per cent ahead of 1975 in turnover terms last year. In other words, independent chemists are not matching the performance of other outlets.

Department of Industry returns for January and February confirm this difference becoming even more marked in 1977, with independent chemists' turnover being 6 and 5 per cent ahead of the previous year in the two months respectively, while independents in general were 11 and 13 per cent up.

Faced with the counter competition, independent pharmacists may be tempted to retire behind their dispensing screens to take comfort in their increasing NHS turnover, but it has been shown that the profitability needed to keep them in business cannot come from that source alone. The multiples will take care of themselves (Boots, EIU reports, were the biggest of all advertisers in 1976, as in 1975, spending some £4.26m), but it is essential that independents also keep making an effort to retain—indeed, regain—counter turnover, for professional reasons almost as much as commercial.

The public's needs cannot be satisfied solely by shopping centre pharmacies, and one of the profession's major claims is to put a graduate on to the high street. But much of the value is lost, particularly in terms of health education, if people are not coming into his shop.

Incomes policy too harsh on professions

The Government should pay the same attention to the voice of professional men and small employers as it does to the Trades Union Congress and Confederation of British Industry, says Mr J. Bannerman, president of the Pharmaceutical Society, in a speech due to be delivered in York on Wednesday after C&D went to press.

He said the profession understood fully the problems facing the country and there was no doubt that in the present economic climate there had to be some form of wage restraint. "At the same time we accept that there must be an element of rough justice in any incomes policy. But that rough justice has become too harsh for certain sections of the community in the last few years.

The present Government was negotiating the next stage of the pay code with the TUC and CBI yet those bodies did not represent the great majority of people affected by the wages policy. Only 14 million people were members of a trade union, and the CBI represented only the employers of the larger industries. "Why does the Government not pay similar attention to the middle ground, the businessman, the professional man, the small employer and the white collar worker?", Mr Bannerman asked. It was time the Government recognised the discontent of militants was beginning to affect the professions. Their standards of living were progressively being eroded and they were being driven irrevocably into a corner so that one day soon they would become the new militants on the industrial scene.

Not tolerable

That is not what pharmacists wanted and it was the path which a professional body concerned with the nation's welfare would never wish to take. But it had to be recognised that certain sections of the nation had had their standard of living eroded and their expectations depressed to a level that was just not tolerable. They, and their families, had to live with the economic facts of life today which were not of their making. In particular the effect of the economic crisis on the health professions had been the falling standards of care which they could provide, he added.

It was partly for that reason that the Society and representatives of dental, medical and the nursing professions had met, last week (C&D, p525), to pursue a joint policy towards government for the future of the Health Service. A number of common problems were found, in particular the emigration of skilled manpower and expertise because they were finding it impossible within the Health Service to maintain the standard of living

to which their years of training and long hours of service entitled them.

Pharmacies had been closing at the rate of nearly one per day over the last few years, Mr Bannerman said. Although the actual number of closures was not increasing, the percentage of pharmacists forced out of business was growing alarmingly. Staying in business was no longer a viable proposition for many pharmacists who were, after all, not only professional men but businessmen facing today's harsh economic facts of life. The closing down of pharmacies created additional unemployment at a time when the nation could least afford it. Closures of this rate were unacceptable but the Sword of Damocles hung over many pharmacists.

Mr Bannerman said he simply could not understand why the Government had not woken up to the consequences were this trend allowed to continue. It seemed astonishing that the TUC and the CBI should be brought round the table by Government while pharmacy, a major profession, whose vital services to the public were threatened should be excluded. It was time its voice was heard.

Queen's Awards for export and technology 1977

This year the Queen has made 106 awards to British firms for export achievement and 19 for technological achievement, a total of 125 which is the largest number since the awards began in 1966. The number of applications for the 1977 awards at 1,809 was also a record.

Recipients of the award for export achievement include the following:

EMI Medical Ltd for continuing outstanding success in exporting computerised diagnostic systems which gained the firm awards in 1975 and 1976. Exports have increased sixfold in three years.

Ethicon Ltd, manufacturers of surgical sutures and ligatures. Exports are made to more than 130 countries and have doubled in a three year period.

May & Baker Ltd, manufacturers of pharmaceuticals, agrochemicals, fine chemicals and plastics. Exports have more than doubled in the past three years, and there are subsidiary or associate companies in most major overseas markets.

Polaroid (UK) Ltd, a subsidiary of the Polaroid Corporation, USA, manufacturers of cameras, films and sunglasses. Exports are made to 80 countries and account for about 70 per cent of total sales, having doubled in a three year period.

Rohm & Haas (UK) Ltd, manufacturers of speciality chemicals and polymers. More than half the total production is now exported, mainly to west and east Europe, the near east and Africa.

Recipients of the award for technological achievement include the following: Fisons Ltd, agrochemical division, for the development of a selective herbicide of the benzofuransulphonate group with particular application in weed control of sugar beet crops.

Imperial Chemical Industries Ltd, plant protection division, for the development of Pirimicarb, a specific aphicide with low toxicity to pollinators, predators and parasites.

Sorex (London) Ltd for the development of new rodenticides. The three rodenticides concerned are (a) a product for the control of mice, (b) a chronic anti-coagulant particularly active against common rats that are resistant to earlier anti-coagulants, and (c) an acute anti-coagulant effective against resistant rats and mice which promises to give effective control of rodents in growing crops, particularly overseas.

Maximum stage 2 increase for hospital pharmacists

Hospital pharmacists have been awarded the full "stage 2" salary increase with effect from April 1.

The earnings of full-time pharmacists (including locum and preregistration pharmacists) are being increased by a supplement of £2.50 per week or 5 per cent of total earnings, whichever is the greater, subject to a maximum of £4.00 per week. The earnings of part-time staff will similarly be supplemented by 5 per cent of total earnings, with the same lower and upper limits pro rata on the basis of hours worked.

Agreement has also been reached on the setting up of a joint staff side, management side working party to review the gradings of officers and grades IV and V pharmacists. The working party is expected to report as soon as possible and its first meeting is to be held on April 28.



Polaroid sunglasses area supervisors with John McDowall, sunglasses sales manager, soon after helping (?) to paste up one of the first Polaroid sunglasses posters in the campaign to be seen by 81 per cent of the total adult population and over 90 per cent of adults in towns. Some 5,300 posters should be in position by the end of this week, say Polaroid (UK) Ltd.

Drug industry's return down by a third in three years

The average return on capital has plummeted by 35 per cent from 17.9 to 11 per cent, according to the Business Ratio Report on Pharmaceutical Manufacturers, published this week, which compares the performance of 60 of the leading companies over three years to April 1976.

The value of sales increased by 45 per cent over the whole period but with slower growth in the second half. Volume trends, however, as shown by the index of production, showed little movement, indicating that the growth was almost totally attributable to prices.

Export sales growth accounted for some 35 per cent of total sales growth during the period. In the domestic market, the total proportion of NHS spending on pharmaceutical services fell from 10 per cent in the late 1960's to well under 9 per cent in 1975. Between 1965 and 1975 the total number of prescriptions filled rose by 67m (from 279m to 346m) an increase of some 2 per cent per annum. The total cost of pharmaceutical services rose from about £145m in 1965 to about £460m in 1975.

Wherever the sales growth has originated, it is obvious that the prices charged are becoming more and more uneconomic. The average profit margin showed a fall for two consecutive years totalling 26 per cent. The average return on capital employed dropped 35 per cent to 11.4 per cent. Fifteen companies showed a return of less than 10 per cent and the number of loss-making companies increased.

Uneconomic price level

Whether this uneconomic level of prices is due to the voluntary price regulation scheme and/or controls exercised over family doctor prescribing and/or price competition between manufacturers is not clear.

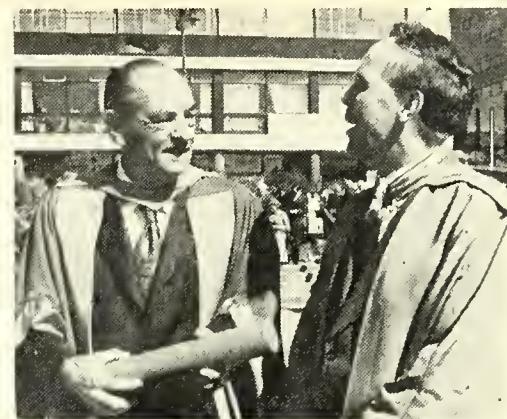
However, there is little evidence of increasing cost consciousness and management efficiency in the performance of the pharmaceutical companies. In average terms some companies have increased their asset utilisation ratios, some have reduced their credit periods drastically, and yet others have increased their stock turnover, but the overall general trend is of indifference to circumstances.

Exporting is of increasing importance to the industry. The average proportion of exports to total sales has increased from 23 per cent in 1973/74 to 27 per cent in 1975/76. Over a third of the companies export more than a third of their output.

The employee-based data in the report provides some surprising ranges: average remuneration ranges from £1,000 to £4,300 while average sales per employee range from £4,300 to £41,100. In terms of trends average sales per employee have increased by 36 per cent over the whole period, while average remuneration increased by 2 per cent.

Comparisons of individual companies in the report show up the effect of differences in efficiency, structure and products, and indicate some of the reasons for success and failure. For instance, it is reported that one company utilises its assets more than ten times as efficiently as another, and that one company's liquidity ratio is more than six times as high as that of another company.

Business Ratio Report on Pharmaceutical Manufacturers, Inter Company Comparisons Ltd, 81 City Road, London EC1Y IBD, price £36.



Dr George Hitchings (left), who retired in 1975 as vice-president of research, Burroughs Wellcome Co, USA, received the honorary degree of DSc at the University of Strathclyde on April 15. Professor Hamish Wood (right), professor of organic chemistry, presented Dr Hitchings to the Chancellor, Lord Todd, for the award of the degree and described Dr Hitchings as "the most successful practitioner of the art of chemotherapy of our age"

Institute of Pharmacy Management International conference

'Dire' consequences of RPM breakdown

The total breakdown of resale price maintenance on ethicals is only a short step away—with dire results for the retail pharmacist.

This warning came from Mr A. R. Ritchie, managing director Macarthy's Pharmaceuticals Ltd when addressing the conference on Tuesday. "If RPM goes, the Department of Health will remunerate pharmacists on the basis of the lowest price available," he said. "If this happens—and I believe that it will happen unless even at this late hour the retail pharmacist acts in his best long-term interest—you can forget the services that you give to the patient today; you can forget your present stock turn and your present economics. You will be in there fighting, just as the wholesaler will be, for the best cut prices just to keep viable."

If the wholesaler were forced into marginal viability on his "ethical" sales, he would be unable to offer beneficial terms as at present on OTC goods, Mr Ritchie continued. "So one can foresee a rapid death to the low cost distributors' schemes currently offered by Apocaire, Numark, Unichem, and Vestriv-Vantage. The general practice pharmacist will then find himself not only squeezed by the Department on dispensing, but considerably less competitive in his OTC business".

Mr Ritchie also warned that if manufacturers continued to press wholesalers for earlier payments, the wholesalers would be forced to require much earlier payments from their own customers, for example, within thirty days.

Pharmacists must accept responsibilities
Pharmacists will always be left out of the professional aspects of health care if they do not accept their professional responsibilities, believes Professor R. S. Summers, University of the North, South Africa.

He told the IPMI conference this week that involvement in self-medication and health education was not enough. The

pharmacist's role should be extended along the lines of clinical pharmacy to include prescription renewal, medication for chronic conditions, product selection and monitoring of drug therapy. In South Africa, for example, prescription medication for certain chronic conditions could be repeated for up to six months at the pharmacist's discretion.

However, this situation was unlikely to occur in Britain as both the Pharmaceutical Society and the National Pharmaceutical Association had "short-sightedly" rejected the idea of a Bill which would allow the pharmacist a limited range of prescribing for short periods of treatment.

"Remuneration systems (in the UK) are outdated because the pharmacist's professional function cannot be seen clearly and he is paid on a time basis, not for his knowledge or skills."

Professor Summers believes that only by undergoing the preregistration year in a hospital would the pharmacist obtain the clinical experience necessary for the profession to progress.

Defeat for Dr Maddock

Dr D. H. Maddock has lost his place on the council of the Institute, only weeks after being similarly defeated in the National Pharmaceutical Association Board of Management election. He is replaced on the IPMI council by Mr A. Solomons, personnel director of Savory & Moore Ltd.

Officers and council elected at the annual meeting on Sunday are: Chairman, Mr E. A. Jensen; vice-chairman, G. S. Knowles; director and secretary, J. Barrie Thompson; founder, H. W. Tomski; council, J. G. P. Barber, Dr T. G. Booth, S. G. Davison, G. B. Green, Dr I. F. Jones, A. G. M. Madge, C. C. Stevens, A. Solomons. Mr Jensen, Mr Thompson and Mr Green were the council members re-elected this year.

Society and PSNC proposals

for cutting drugs bill

The Pharmaceutical Society and the Pharmaceutical Services Negotiating Committee are to make a joint submission to the Department of Health and Social Security on proposals for a saving in the National Health Service drug bill. The Committee recommended, and Council agreed, five points for inclusion in the submission.

While an economy campaign could be productive, pharmacy, as well as the medical profession, should be involved in discussions with the Department; that would be of particular importance when considering drug information and cost.

A campaign directed at patients' expectations would not be justified.

While the fullest information on the value of drugs and their cost effectiveness should be available, it should be covered by discussion under the first point above; Council would not support any form of

statutory control if it were proposed; such control could involve pharmacists both in additional work and in difficulties created between the professions, and could possibly eventually involve them in a more rigid situation which could lead to the withholding of payments to pharmacists.

The Council supported proposals to restrict the amount to be prescribed by a general practitioner at any other time, and was currently considering representations on the use by prescribers of the prescription form box for indicating the number of days' treatment and on the Society's proposal for a repeat prescription system within the NHS.

Financial savings could be produced by liaison between pharmacists and doctors through local interprofessional committees set up to discuss prescribing habits, therapeutic efficiency and costs.

Communist support for pharmacy

A call for hospital pharmacists' salaries to be raised comes from the Communist Party of Great Britain, in its evidence to the Royal Commission on the NHS.

The report says that it is difficult to think of any section of hospital staff that is not undermanned. Much has been heard of doctors but not nearly enough has been heard about pharmacists and other paramedicals. The undermanning is partly due to low levels of NHS pay compared to the private sector, notably for pharmacists and secretaries. Hospital pay scales should be sufficiently attractive to people in all categories, the communists say.

One of the greatest defects of the NHS, according to the report, is that areas of greatest need are the least well served in terms of hospitals, general practitioners, and pharmaceutical services. "Even the well-served areas are not adequately provided for, they are only relatively well served." The communists therefore "deplore the fact that so few health centres have been built". Health centres are of cardinal importance as the point of delivery of the personal social services.

Charges for medicines are also criticised. They fall most heavily on those least able to bear them and can only inhibit people from using the service. The communists reject the idea of increasing National Insurance contributions as a means to offset NHS costs and suggest the costs be borne from general taxation and a cut in armaments.

All members of the primary care team should be salaried to avoid the "undesirable side effects of fees per item of service". That system makes the patient less ready to use the service and the health worker too ready to prescribe the

service, the report says. A few thousand health centres are needed, with thousands more staff. Ease of access should be of prime consideration and all equipment should be provided by the Authority. The communists consider that since no health centre is yet built, equipped and staffed as they would wish, the health centre system proper has not yet been started.

The recent NHS reorganisation has been a mistake, the report says. There are too many people appointed "from on high" and too few "elected from below". The NHS should be administered at all levels by publicly elected bodies, the municipal councils. Regional Health Authorities should be abolished and area authorities taken over by the appropriate councils as soon as possible. Community health councils should have more power.

Patients must be treated with respect and taken into confidence, the communists say. Without explanation and information, patients cannot judge whether the doctors understand them or the treatment is appropriate. Patients' committees in health centres should be encouraged, bringing about better understanding with staff.

The pharmaceutical industry has a vested interest in treatment rather than prevention and the object of existence of these companies is to make profit—"they are quite open about it". The communists' solution is to nationalise the British drug firms and the British subsidiaries of the multi-national corporations. Foreign companies should be severely restricted, especially in prices and promotion. Doctors should be persuaded by every reasonable means to prescribe generic drugs. In these ways the NHS cost could be reduced and the cuts reversed.

TV 'avalanche' launches Kodak instant system

Announcing their entry into the instant picture market Kodak plan to spend £100,000 on an "avalanche" of 15-second TV spots on all channels on just two consecutive nights during week commencing May 23. It is probably the most intensive television campaign that Kodak have ever undertaken and it heralds massive advertising in the national Press, including full page colour advertisements in the *Daily Express* and the *Daily Mail*.

During the launch week, a 30-second radio commercial with a compulsively catchy jingle will be carrying the Kodak instant product message into millions of homes nationwide. Kodak state there has never been a Kodak television, Press and radio campaign to match this and it is all in addition to the heavy advertising for Kodak conventional cameras, films and paper planned for this summer.

In addition, during the year, Kodak are running a window display promotion with "ingots" of silver as prizes.

Three parcels containing various quantities of Kodak instant cameras designed to meet the requirements of small stockists, medium-sized retailers or major outlets are available. Each contains a number of free items to help the dealer sell Kodak instant products.

The three parcels offer applies only to orders placed for delivery between May 16 and May 27. They are:

Pack 1. 4 cameras of any type, 2 cases; and free 1 demonstration cartridge, 1 display pack, 1 film, 1 flipflash, 10 folders, representing approximately 6½ per cent discount.

Pack 2. 8 cameras of any type, 4 cases; and free 1 demonstration cartridge, 1 display pack, 3 films, 3 flipflash, 30 folders, 1 Colour Centre background representing approximately 13 per cent discount and with an option to buy half price an EK 4 camera.

Pack 3. 10 cameras (including one EK 8), 5 cases; and free 1 demonstration cartridge, 1 display pack, 5 films, 50 flipflash, 50 folders, 1 Colour Centre background representing approximately 14 per cent discount and with an option to buy half price an EK 6 camera.

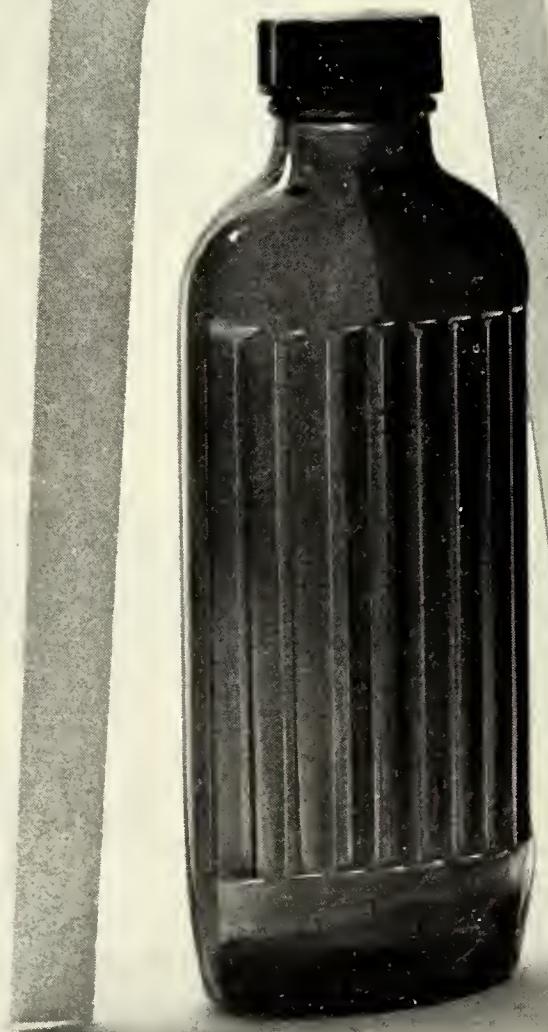
Free sales training and extended credit will be offered as part of the promotional packages, and for every additional camera (any type), the dealer is entitled to 1 free film, 1 free flipflash and 10 folders.

Curbs on market trading?

Calls to restrict open market trading are to be made at the National Chamber of Trade's annual meeting, May 8-10.

Ferndale Chamber believes the "tremendous growth" of open market trading is having an adverse effect on established businesses, disapproves of the fact that such markets may operate on 14 separate occasions without needing to obtain planning permission and is urging legislation to deal with the problem. Other motions to be discussed include changes in rating systems to help small traders and the setting up of a ministry with Cabinet status for the independent trades and professions.

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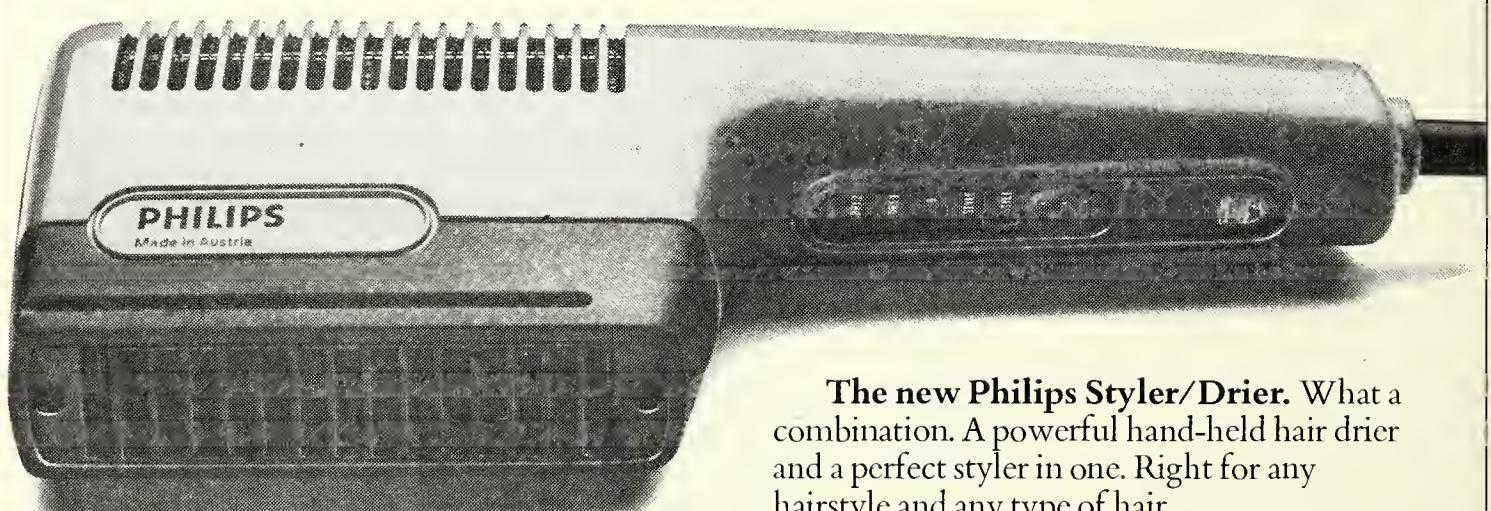
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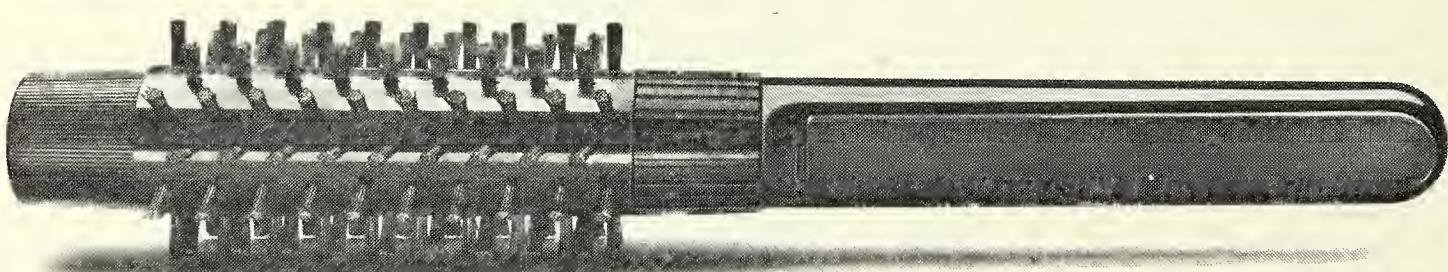


PHILIPS

The new Philips Styler/Drier. It's not just hot air.

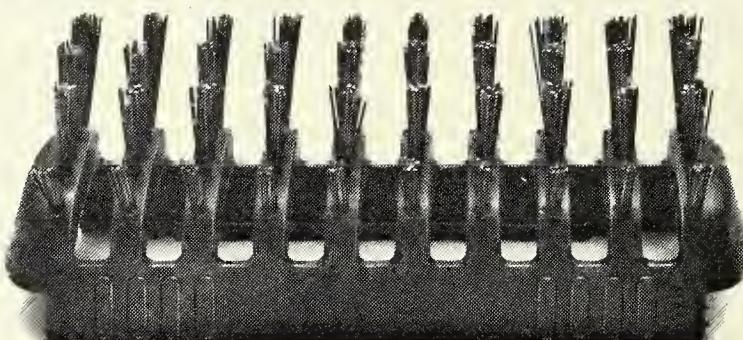


The new Philips Styler/Drier. What a combination. A powerful hand-held hair drier and a perfect styler in one. Right for any hairstyle and any type of hair.

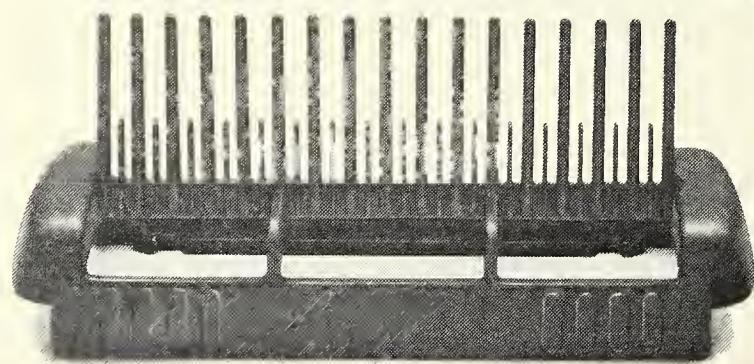


Modelling brush. It's so easy to wind the hair to be curled or waved around this specially designed brush. Then the hair is dried quickly and simply with the nozzle fitted to the styler.

Wide tooth comb. Gently keeps your hair free of tangles. It can be used with almost any hair-style. Also available fine tooth comb, nozzle, mist device and attachments holder.



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News in brief

- The Misuse of Drugs (Licence Fees) (Amendment) Regulations 1977 (SI 1977 no 587, HM Stationery Office, £0·10) increase the licence fees under the Misuse of Drugs Act 1971 and discontinue the fee for cultivation of the cannabis plant.
- The index of retail prices for all items for March 15, 1977, was 175·8 (January 15, 1974=100), representing an increase of one per cent on February 1977 (174·1) and 16·7 per cent on March 1976 (150·6).
- Chemist contractors in England and Wales dispensed 24,127,674 prescriptions (14,781,914 forms) in January at a total cost of £40,461,044·77. Average cost per prescription was £167·70.
- The 1977 Calendar (and Register) of the Pharmaceutical Society of Ireland is available from the registrar, 18 Shrewsbury Road, Ballsbridge, Dublin 4.

Deaths

McConnell: Suddenly on April 4 Mr James McConnell JP, MPSNI, Crumlin, co Antrim. Mr McConnell qualified in 1943 and was an employee of McKnights, Carlisle Circus, Belfast before acquiring his own business in Crumlin. He took great interest in local affairs and is survived by his wife Phyllis and son John.

Buchanan: On April 3 at Bon Secours Hospital, Glasgow, Mr William Buchanan, MPS, 74 Milton Court, Airdrie, Lanarkshire. He qualified in 1925.

Stedman: On April 16, after a serious illness Mr Philip Edward Stedman, JP, MPS, FIPharmM, aged 65. *Mr L. J. S. Lane writes:* It was my privilege to know Philip Stedman since 1941, when he joined my father the late Sidney Lane, as manager of his pharmacy at Weston Road Hove, Sussex. Four years later the business was incorporated as a limited liability company under the title of Lane & Stedman Ltd and Mr Stedman continued his active participation until about a year ago when increasing ill-health forced him to relinquish his directorship. Mr Stedman was a loyal and devoted colleague and as a dedicated pharmacist assiduously engaged in local affairs. He was president of the Brighton and Hove Association of Pharmacy in 1959 and chairman of the local branch of the Pharmaceutical Society in 1966-8. He served on the East Sussex Pharmaceutical Committee for many years up to his retirement and was a member of the Society of Cosmetic Chemists and of the Society for the History of Pharmacy. His interests extended beyond pharmacy and he was elected to the Steyning magistrates bench as a JP. It was characteristic of him that he found his duties in this connection of absorbing interest and concern. He delighted in flowers, gardens and botany, particularly where it had pharmaceutical connotations. His interest covered photography and perfumery, the latter including detailed research into the composition of natural rose oils. He leaves behind him a devoted wife, Peggy, a son, a daughter and a host of colleagues and friends who will mourn the passing of this kind, understanding and unassuming man.

Topical reflections

BY XRAYSER

Students

I have read with sympathetic interest the report of the proceedings of the annual conference of the British Pharmaceutical Students' Association. That the students should desire involvement in the affairs of what is pharmacy's parent body is understandable, though the method and the degree of such involvement may be difficult to formulate. It has not been my experience that the Pharmaceutical Society is in any way inaccessible, and the point of view of the student body has not had an unsympathetic ear. The questions you pose in your editorial comment are extremely relevant and the association might do worse than to address itself to self-examination along the lines put forward in your leader.

I have had occasion to refer to a certain limited form of involvement which obtained in my early days in pharmacy in which the apprentice or student registered as such with the Pharmaceutical Society and was enabled—for a small consideration—to become a "student-associate". That entitled the young entrant to a limited number of issues of the Society's journal each year. It was something in the region of four per annum, and tenuous as the whole thing may have been, it at least had the merit that the Society was aware of your existence. You were, in fact, a cog in a very large wheel. There was also at the time an extremely useful competition in chemical analysis run by *Chemist and Druggist* with monthly prizes. In that case involvement was at the discretion of the individual, but once more there was machinery available to encourage the beginner and make him feel that he belonged.

There was also, when geographically convenient, the opportunity of attending meetings of the Pharmaceutical Society, and while there is still a welcome at such meetings there is no established link with the parent body. Nevertheless, in present circumstances, I think it would be difficult to justify involvement in the sphere of separate branch recognition. The time for that is surely after admission to the Register, and interested and active students who have participated in their Association should carry forward their experience and their enthusiasm into their branch of the Society. The organisation is a proving ground, and pharmacy has benefited by recruitment from that source.

Prescription writing

A Dr Mayer has been commenting on the subject of the writing of prescriptions by receptionists. He says that his receptionist has been doing it for 12 years and could now teach general practitioner trainees how to write out a prescription correctly. In that, he appears to be luckier than some of his colleagues, if what I see is anything to go on. But that seems to me to be the least important aspect. What are we to think of a course in medicine which turns out graduates who are unable to write prescriptions correctly?

Agreement

I note that representations of the health professions have decided that a collective approach should be made to government on standards of patient care in the NHS (p525). An informal meeting, under the auspices of the Pharmaceutical Society, expressed concern that standards of professional practice had been threatened by decisions of governments of both political parties, and all parties represented—the British Dental Association, the British Medical Association and the Royal Colleges of Nursing and Surgeons, along with the Pharmaceutical Society, agreed to recommend to their parent bodies the need for further discussion with a view to approaching government. In view of the Royal Commission on NHS, is this quite necessary?

Trade News

Fisons 'mystery shoppers'

Fisons Ltd, Pharmaceutical Division, 12 Derby Road, Loughborough, Leicester LE11 0BB, are investing £½ million pounds in their garden products. The Combat range will be backed with TV and Press advertisements, an onpack hand sprayer offer, booklets and local Press blocks; Levington compost by advertisements in the gardening Press, in-pack gifts and a digital thermometer offer; Gro-bags by television and gardening Press advertisements, in pack vouchers and point of sale material, Homegrow by colour advertisements in the *Radio Times*, *TV Times* and *Readers Digest*; Evergreen by advertisements in the gardening Press, and a lawn spreader contest and Nourish by a "Plant-a-tree" sponsorship. There will also be two Combat competitions open to stockists. The first entails answering questions about Combat products and the first prize is a 1977 holiday of the winner's choice. The second offers spot prizes of £5 to retailers spotting the Fisons mystery shopper and answering questions.

Modo charity promotion

Modo Consumer Products Ltd, Modo House, Chichester Street, Chester CH1 4BP, are so pleased with the success of the charity promotion which they ran in conjunction with the relaunch of their Daffodil products, that they are planning further charity linked promotions in the future. Consumers were asked to nominate a senior citizen who deserved to have their cost of living cut; prizes of £5 a week for a year will go to the ten most deserving pensioners while the charity Help the Aged will benefit by a penny for each entry. The company says that several hundred pounds worth of entries have been received with three months still to

Updated packs of Drapolene cream and Calpol suspension from The Wellcome Foundation Ltd, Temple Hill, Dartford, Kent DA1 5AH, feature this picture of a mother and child as a centre piece



run. The company also reports "dramatic sales increases" for Daffodil toilet tissue since the relaunch, and an increase of 39 per cent for Daffodil household towels in January 1977, compared with the same month last year.

Beecham's share out competition

A "share-out" competition from Beecham Toiletries, Beecham House, Great West Road, Brentford, Middlesex, will require retailers to display Macleans, Aquafresh, Pure & Simple, or any other Beecham toiletry line, and to answer a quiz about the products. It will run weekly for eight weeks from April 25 to June 18, and retailers will have up to three chances each week to win big cash prizes. Entry is by means of a share-out calendar which contains full details and entry cards; each week's cash share-out will be £250 for the first prize, £200 for the second, and eight runner-up prizes of £100 each. The prize money is intended for share-out between the relevant staff.

Sowerbutts for Gesal

Bill Sowerbutts the gardening broadcaster and journalist has accepted a consultancy on the Gesal range of garden chemicals from Airwick UK Ltd, Manchester Old Road, Rhodes, Middleton, Manchester M24 4RH. He is also offering to share his knowledge with other gardeners and so Gesal are setting up a service to forward gardeners' queries to him.

CRCs for Doans and Dr Williams

Child-resistant packaging is being introduced for Doans backache pills and Dr Williams Pink Pills. The new sizes and retail prices are: Doans backache pills, 25 (£0.39), 50 (£0.56), 100 (£0.89); Dr Williams Pink Pills, 40 (£0.50), 80 (£0.70).

Fulford Williams (International) Ltd, Cornwall Road, Hatch End, Pinner, Middlesex HA5 4JY, estimate that distribution of the new packs will commence on May 16, after stocks of the current packs are exhausted.

Complan doubles up

Double-page advertisements for Complan, from Farley Health Products Ltd, Torr Lane, Plymouth PL3 5UA, will be appearing in ten publications for a total of 44 times between now and September. The publications are *Woman's Own*, *Woman's Realm*, *Woman and Home*, *Good Housekeeping*, *Pre-Retirement Choice*, *Woman's Weekly*, *My Weekly*, *Readers Digest*, *TV Times* and *People's Friend*.

Guess with Goddards

A Silver Jubilee competition run by J. Goddard & Sons Ltd, Frimley Green, Camberley, Surrey, entails competitors guessing the total value of some 10p coins in a punch bowl pictured on the entry form, obtained with qualifying orders of Goddard's silver care products. The punch bowl itself is the first prize and there are second and third prizes of whisky and books on the Royal Family.

Vichy news

Vichy (UK) Ltd, 1 Hay Hill, London W1X 7LF, say that they have "dramatically" increased their advertising expenditure in 1977. The £250,000 which they plan

to spend over the next eight months is three times more than they have ever spent before and they believe it to be the most any company has ever spent on a product exclusive to chemists. The new campaign has the theme, "Vichy—three step skin care" and the advertisements will be appearing in *Woman's Own*, *Woman's World*, *She*, *Vogue*, *Woman's Realm*, *Woman's Journal* and *Cosmopolitan* through to the end of the year, and on television from May in the London, Anglia, Wales and West, Scottish and Channel areas. Display material will be available.

Scottowels in the newspapers

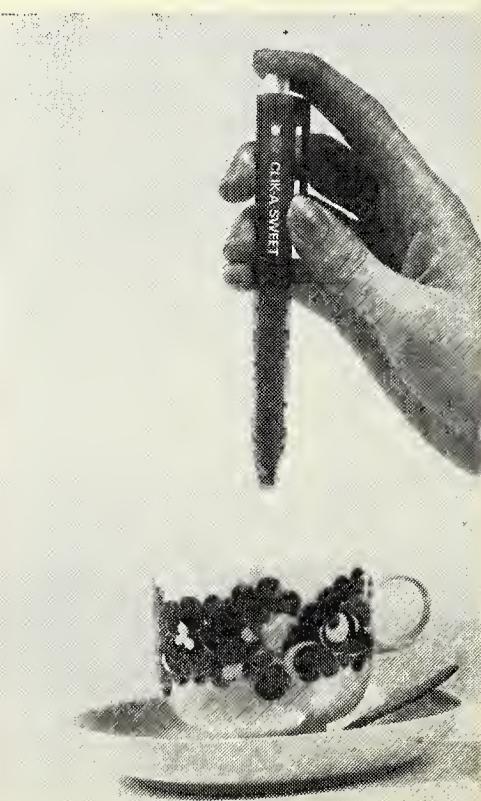
For the first time Scottowels from Bowater Scott Corporation Ltd, Bowater House, 68 Knightsbridge, London SW1X 7LR, are being advertised in the national Press on consecutive days. What is basically the same advertisement appears each day with a variation in the slogan for that particular day. The slogans urge users who require a functional "no-nonsense" towel rather than the decorative kind to "make it your daily paper", and the advertisements will appear in *Daily Mirror*, *Daily Record* and *Daily Mail*.

Macrodantin 100mg capsules

Eaton Laboratories, Regent House, The Broadway, Woking, Surrey, state that the 100mg strength of Macrodantin capsules will be out of stock until mid-May, but that adequate stocks of the 50mg strength are available. The company has established that NHS prescriptions endorsed "100mg not available, 50mg supplied" will be priced at the 50mg rate.

Pen-shaped saccharin dispenser

Clik-a-sweet, a pen-shaped saccharin powder dispenser, is being reintroduced to the British market by Clik-a-sweet Ltd, 45 Great Portland Street, London W1 5DG. The manufacturer claims that each metered dose is equivalent to one teaspoonful of sugar and for the average user the pen contains one month's supply. Since no excipients are used, there is said



to be no bitter aftertaste; the unit is sealed, maintaining hygiene and preventing contamination.

The product should become available at the end of May. Its retail price will be about £0.35, making the unit much more attractive to consumers than when an earlier version was marketed some ten years ago. Clik-a-sweet Ltd say they would welcome inquiries from potential wholesalers and distributors.

Unichem May 'bargains'

"Bargain buys" on offer from Unichem Ltd, Crown House, Morden, Surrey, in the period May 9-28 are: Alberto VO5 PH shampoo, Batiste shampoo, dry shampoo aerosol and hairspray, Brut 33 Creme Shave, Codanin, Complan, Crest toothpaste, Dr White's Panty Pads, Elastoplast dressings, waterproof plastic strappings, elastic adhesive bandage, Flex Balsam conditioner and shampoo, Flytox System 2, Germolene foot spray, Harmony hair colourant, Hedex, Head & Shoulders lotion, Imperial Leather bath foam, Kotex Sylphs, Kewels, Limmits 250 biscuits, Limmits crackers, puffs, wafers, savouries and cereals, MD4, Milupa, Odor-eaters, Paddi Pads, Palmolive soap, Pears shampoo, Phensic, Soft & Gentle antiperspirant, Supersoft hairspray, and Vaseline Intensive Care lotion.

ICML economy bottle

ICML, 51 Boreham Road, Warminster, Wilts BA12 9JU, have asked us to point out that the price (£1.00) given for their new economy hot water bottle (C&D, April 2, p454) is a recommended retail price, as are all the prices given in our product pages unless otherwise stated.

Almay additions

Almay (London New York), 225 Bath Road, Slough, Berks SL1 4AU, have added eight new shades to their range of waterproof, creamy eyeshadows (£1.55). The colours are sapphire, amethyst, light jade, pewter jade, mink, antique pearl, silver fox and Champagne. There are also six new colours to be introduced to the company's rich cream formulation lipstick (£0.90), terracotta, maple wood, rich spice, brandy wine, warm port and copper leaf. Available for sale from late May.

Glucodin pack change

Farley Health Products, Torr Lane, Plymouth, Devon, are introducing a new brightly coloured pictorial pack design for Glucodin. The new design bears the slogan "Energy-fast" and features pictures of a busy young housewife laden with shopping and a lively child flying a kite. New display material in the form of a pack crowner and showcard will be available

from the end of April. The new packs are expected to enter retail distribution in the week ending May 6.

Rimmel spring promotion

A small size sample of the new flamed sorbet shade of moisturised lipstick from Rimmel International Ltd, 17 Cavendish Square, London W1M 0HE, will be given free as an on-pack offer with each purchase of the Eyelash Flatterer mascara until May 20. The full sized lipstick will not be launched until the end of May. The promotion parcel consists of nine black, six dark brown and three navy blue Eyelash Flatterer fluid mascaras in a "selfasta" display unit.

Sunsitive campaign continues

The Press campaign for Sunsitive photochromic sunglass lenses from Sovirel, Aniche, France, continues with double-page advertisements in the following: *TV Times* until June 16, *Radio Times* May 12

issue, May issues of *Playboy* and *Mayfair*, May and June issues of *Men Only*, *Cosmopolitan* and *She*. The television campaign in the London, Southern, Midlands, Anglia, Granada and Scottish areas will be repeated between May 16-29. Suppliers using these lenses include Foster Grant, Olivc, Samco, Solar, Sunbrella and Whitecross, among others.

Sudafed tablets coded

Sudafed tablets from the Wellcome Foundation Ltd, Temple Hill, Dartford, Kent DA1 5AH, now bear the code "Wellcome S7A", says the company.

Supersoft extra

Reckitt Toiletry Products, Reckitt House, Stoneferry Road, Hull HU8 8DD, are selling in medium packs of Supersoft hairspray containing 20 per cent extra product for the same price. The offer is flashed on the packs and stands out clearly when the product is displayed.



EAREX

for

EARWAX

Over the counter, over the years, millions* of customers have appreciated the pharmacist's advice.

Earex for earwax problems.

Who better than the pharmacist to advise customers to use a little Earex to prevent earwax problems. And benefit from the continual support of a relieved customer.



EAREX gentle eardrops

The brand leader for earwax relief.

*Over the last 2 years 2,500,000 bottles of Earex have been bought through retail pharmacies.

Our £200,000 Complan feel a lot better

Beginning now, Complan is going places. In the next six months, from April to September, we're spending £200,000 on some powerful double-pages in women's magazines. Our target audience is women of 40 plus and the campaign will reach 83% of them - nine times over.

As you can see, we've some human and compelling advertisements that will greatly expand the Complan market by encouraging its usage at any time any member of the family is unwell or off their food.

The theme 'Complan helps you help the ones you love' is going to help sell a lot more Complan.

Let's take a look at the facts and figures.

Why women's magazines?

We considered women's magazines were ideal for Complan because of their leisured, thoughtful readership and their emphasis on family life. We were also able to put over a persuasive message and make

sure it reached the right people. And this was not only our opinion . . .

'Women's magazines work with housewives'

'Farley Health Products are right to use women's magazines. They are an excellent medium for reaching the housewife.' Frank Farmer, Marketing Director, International Publishing Corporation.

44 double pages in 10 publications

The Complan double-page advertisements will appear a total of 44 times across the following magazines:

Woman's Own	Woman's Weekly
Woman's Realm	My Weekly
Woman and Home	Reader's Digest
Good Housekeeping	T.V. Times
Pre-Retirement Choice	People's Friend

Make sure you have ample stocks of Complan to meet the big demand. And ask your Farley Health Products representative for the Complan point-of-sale material.

Keeping a family fit and well is what being a Mum is all about

When those smiling family snapshots are passed around Mum is probably the only one who realises that life was not always like that.

She remembers the time when Dad went down with pneumonia; Hugh had bronchitis and Emma would not eat; when Grandad suffered with gastro-enteritis and Granny was so ill with pleurisy - not to mention those family colds and bouts of flu that also needed her special care.

Part of that care was always Complan.

Complan sustains and comforts.

Complan is a complete food: a unique milk-based drink containing 21 ingredients—with the protein, vitamins and minerals the body needs. (It was actually made at the request of doctors, that's how good it is.)

Complan is easy to take.

There's another great blessing about Complan. It is so light and easy to digest that patients will enjoy it when they can't be tempted with anything else.

You can buy Complan plain or in strawberry, chocolate or butterscotch flavours. Or you can give plain Complan a flavour of your own like honey or beef extract.

Ask for Complan at your chemists.



campaign will make you

you have only each other to care for you can do it properly

When all the family have finally left home you have time to think of other people - besides your grandchildren.

You have time to take extra care of each other: extra care that will help you keep active and healthy and able to enjoy your retirement to the full.

And if one of you is ill or under the weather Complan can be a great help. Especially if you are recovering from a cold, flu, bronchitis or gastric trouble. Or are suffering from loss of appetite.

Complan sustains and comforts

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Complan at your chemists.

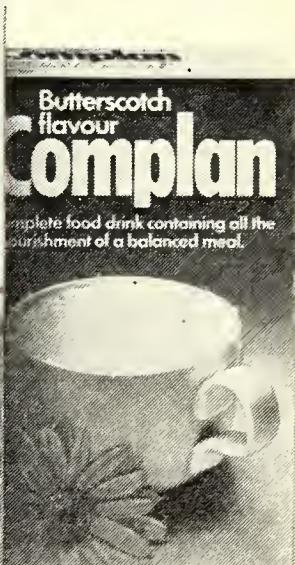


Complan helps you help the ones you love



Complan

Complete food drink containing all the nourishment of a balanced meal.



Complan is now available in 3 flavours: strawberry, chocolate and butterscotch - promoted in a big TV campaign last January and February.

an
help
you love

Prescription specialities

HALCICOMB cream and ointment

Manufacturer F.A.I.R. Laboratories Ltd, Reeds Lane, Morton, Merseyside L46 1QW

Description Pale yellow cream or smooth yellow ointment in oily base containing halcinonide 0·1 per cent, neomycin sulphate 0·25 per cent, nystatin 100,000 U. **Indications** Topical treatment of superficial bacterial infections, cutaneous candidosis and dermatological conditions known to respond to topical steroid therapy when threatened or complicated by bacterial or candidal superinfection. These include: Atopic eczema, contact eczema, follicular eczema, infantile eczema, otitis externa, anogenital pruritis, seborrhoeic eczema, psoriasis.

Contraindications Tuberculous and viral skin lesions and fungal lesions not susceptible to nystatin. Ophthalmic use and use in external auditory canal where the eardrum is perforated.

Method of use Apply 2 to 3 times daily.

Precautions Occlusive dressings may increase the risk of sensitivity. In infants long term therapy may cause adrenal suppression. Extensive use should be avoided during pregnancy.

Side effects Sensitivity to neomycin may occur.

Storage Cream: room temperature, avoid freezing. Ointment: room temperature.

Dispensing diluent Dilution not recommended.

Note Halcinonide is a potent corticosteroid with rapid anti-inflammatory, anti-pruritic and anti-allergic actions. Neomycin provides anti-bacterial therapy against a wide range of Gram-negative and Gram-positive bacteria. Nystatin is active against a wide range of yeasts and yeast-like fungi.

Packs 10g (£0·77 trade), 25g (£1·73 trade).

Supply restrictions TSA

Issued April 1977

METINEX 5 tablets

Manufacturer Hoechst Pharmaceuticals Ltd, Salisbury Road, Hounslow, Middlesex

Description Blue bi-convex uncoated tablet with a figure "5" on one side and containing 5mg metolazone. **Indications** Diuretic for treatment of mild and moderate hypertension. May be used in conjunction with non-directive anti-hypertensive agents the dose of which can often be reduced. Patients who have become resistant to therapy with these agents may respond to addition of Metinex 5 to their anti-hypertensive regimen. May also be used in cardiac oedema, renal oedema, hepatic oedema, ascites or toxæmia of pregnancy.

Contraindications Electrolyte deficiency, anuria, coma or precomatose states associated with liver cirrhosis; known allergy or hypersensitivity to metolazone.

Dosage Hypertension: Mild and moderate, 5mg daily. After three to four weeks may

be reduced to 5mg on alternate days as maintenance therapy. **Oedema:** 5-10mg daily as single dose. In resistant conditions may be increased to 20mg daily, or above but no more than 80mg should be given in any 24-hour period. **Children:** Insufficient knowledge is available for dosage recommendations.

Precautions Fluid and electrolyte balance should be carefully monitored during therapy particularly with concurrent use of other diuretics; prolonged therapy may result in hypokalaemia. Serum potassium levels should be determined at regular intervals and if necessary supplementation instituted.

Side effects Generally well tolerated. Occasional reports of headache, anorexia, vomiting, abdominal discomfort, muscle cramps, dizziness. Isolated reports of urticaria, leucopenia, tachycardia, chills and chest pain. Hyperuricaemia or azotaemia may occur particularly where renal function is impaired. Clinical gout has been reported rarely.

Storage Cool dark place protected from light and in containers similar to those of the manufacturer.

Note Metolazone is a substituted quinazolinone diuretic. Diuresis and saluresis begin within one hour of administration and continue for 12-24 hours according to dose. Dosage of concurrent cardiac glycosides may require adjustment. Metinex 5 may aggravate increased potassium excretion associated with steroid therapy or diseases such as cirrhosis or severe ischaemic heart disease. Latent diabetes may become manifest or the insulin requirements of diabetics may increase. Use during first trimester of pregnancy should be subject to normal precautions; present in breast milk of nursing mothers.

Chloride deficit, hyponatraemia and a low salt syndrome may occur particularly if salt intake is restricted. Treatment of overdosage should be aimed at fluid replacement and electrolyte balance correction.

Packs 100 tablets (£4·65 trade).

Supply restrictions Recommended prescription only but no legal restrictions.

Issued April 1977

Special counter packs for Histryl, now available from Smith Kline & French Laboratories Ltd, Welwyn Garden City, Herts. Histryl is on a 12 charged as 10 bonus while stocks last.



New products



Norsca toiletry range

Elida Gibbs are test marketing their Norsca bathroom toiletry range in the Yorkshire television area (C&D, April 9, p505). The products' "freshness of Scandinavia" theme is designed to appeal to both men and women users alike and is reflected in the green packaging featuring a sun and pine tree setting. The range consists of foam bath, marbled green soap and an antiperspirant deodorant. A television campaign will break in early May and a poster campaign will run in the test area during June. Point-of-sale material includes dump bins, shelf units, and showcards and the product will appear in *Shopping Scene* magazine which is distributed door-to-door in the test area.

on TV next week

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Anadin: All areas

Aspro Clear: All areas

Braun: All areas

Crest: All except E

Farley's rusks: All except E, CI

Harmony colourant: Y, NE

Max Factor Maxi: All except E

Milton crystals: M

Mum: All except E

Odor Eaters: All areas

Radox Showerfresh: All except U, E

Signal: All areas

Soft & Gentle: All areas

Sudocrem: Lc

Sunsilk setting lotion: All areas

Sunsitive lenses: Ln, M, Lc, Sc, A, So

Sure: All areas

Vitarich: Lc

It's time to think PINK!

We're not the only ones who are head over heels about Soft & Gentle. Its unique non-sting benefit has been a resounding success with the people who really matter – your customers. So we're widening their choice – and increasing your profit – with a new fragrance. We're thinking pink!

For the launch, we're backing you with a stunning introductory "money-off" offer flashed on pack. And there's a massive £500,000 TV campaign covering the whole range. So stock up on this year's most dynamic range of anti-perspirants. It's good to have profits in the pink.



Is pharmacy going in the wrong direction?

Is pharmacy attracting the wrong kind of entrant? How can the general practice pharmacist be given the confidence to adopt a new role? And has "planned distribution" more dangerous implications than have so far been put forward? Dr D. H. Maddocks, a member of the Pharmaceutical Society's Council, included those questions (and his answers) in an address to Croydon Branch last week, of which there follows an extract

The profession of pharmacy seems to have an incredible appeal to school leavers—the undergraduate populations at schools of pharmacy has increased 1·9 times in the last 14 years, and more than 1,000 new pharmacists are now registered each year. The current teacher unemployment and closure of training colleges is a warning of how quickly a crippling shortage of professionals can be transformed into a surplus. At present, however, we must be more concerned with something less obvious—the calibre of the accepted applicants for pharmacy courses.

It is not unreasonable to assume that with such large numbers available, the main factors determining choice of applicants must be educational attainment and social background. I am in the process of analysing a survey which shows that, of the pharmacists replying, 46 per cent had parents with a professional background. As the proportion of professionals among the whole population is 2·8 per cent, candidates for schools of pharmacy are clearly drawn from a very narrow social base. Are we therefore in danger of creating a profession that is both socially and intellectually exclusive? The candidates' instinct, whilst admirable for academic pursuits, is likely to produce dissatisfaction when they are faced with the mundane but essential duties of a general practice pharmacist.

Too many chiefs

All professions need a minimum capability for academic achievement—but they need Indians as well as chiefs. The day to day functions of the majority of pharmacists require not only a scientific background but also a capability to understand and communicate with patients who are all suffering some degree of stress. Schools of pharmacy should, therefore, begin to develop sophisticated selection methods designed to test the aptitude and personality needed for the pharmaceutical profession. Whether they like it or not, academic pharmacists have tremendous social responsibilities—they are determining the future composition of our profession. How many boards of study, when discussing the curriculum, have before them detailed job descriptions of the careers pursued by pharmacists? By what parameters are the contents of courses established?

Clearly it is essential that innovations are introduced, but should the pharmacist produced be one who is completely

divorced from the realities of need? What is needed in British pharmacy today is not a capability to be a poor man's medical practitioner, found in every corner shop. Pharmacists instead need to be able to communicate with medical practitioners in their own language. It is all well and good being experts on medicines—but to what good purpose when we can only talk to ourselves?

Pharmacist as link-man

The role of a general practice pharmacist must be to act as the link-man in the most complex of chains, commencing with the manufacture and proceeding via the medical practitioner to the prime cause of his activity, the supply of medicine and advice to the patient. The practice of pharmacy can only be accomplished in the context of a team concept—without the physician's prescription on the request of a patient it would not exist; without the industry's resources, it would be relatively ineffective. It follows that, progressively, the pharmacist must make it clear that he is not a glorified tablet counter, but that he is a most sophisticated source and provider of knowledge to the medical practitioner and the patient. If he abrogates this duty then more and more will the provision of an expensive education and remuneration be questioned.

For too long have we hidden our talents, for too long we have served on our knees (as the handmaiden of the medical practitioner) largely unacknowledged and poorly paid. It is surely inconceivable that a surgeon would operate without an anaesthetist or the prior consultation of a radiologist. Yet a medical practitioner—essentially an expert in diagnosis—generates prescriptions without consulting the pharmacist, the expert in medicines.

Before making further observations upon the role of the general practice pharmacist, however, it will not be out of place to make a critical examination of his present attitude of mind. On registration all pharmacists have the same basic knowledge and skills. On entering their chosen field of activity, further disciplines have to be acquired—in manufacturing the pharmacist has to add chemical engineering, and industrial technology, in hospital pharmacy health care administration, in general practice management and retail selling. Somehow, because of his evolution, the other specialised pharmacists forget that all have the same core

of knowledge, and imply a superiority over the general practitioner. They do not appreciate that often it is as difficult to deal with a recalcitrant patient or customer, as it is to deal with some "ometer" that has gone wrong.

Curiously, the current plea in the hospital service is to develop clinical pharmacy, which basically is the development of patient contact—the area in which general practice pharmacists have always specialised. Each should, therefore, respect the other's expertise. The denigration that has previously occurred within the profession, has psychologically contributed to the inferiority complex of many general practice pharmacists, who have become afraid to assert and publicise their expertise in the "shop window" of the profession.

One of the high priority tasks, therefore, is to restore the confidence, particularly of the older pharmacist, in his latent ability. Without this confidence, to try and project the role of the pharmacist from that of technician to that of an essential, knowledgeable member of the health team, will be doomed to failure. By what means can the general practice pharmacist be assisted to acquire this confidence?

All pharmacists must be given the opportunity to pursue further education, with the disparate and isolated nature of the distribution of pharmacists being considered. It is in the smaller communities that professional and social contact is most likely to occur between pharmacists and their medical colleagues, these pharmacists being the ones who shoulder the burden of rotas and on-call duties most frequently. Clearly they must be brought quickly within the scope of post-graduate activities and it is difficult to visualise how such facilities can be made available without the use of modern communication techniques, such as programmed learning.

A change of mind

Which body should sponsor such innovations? Recent thought has led me to revise my views upon this responsibility. The Pharmaceutical Society already has considerable experience and expertise in educational matters which it would be foolish to ignore. Previously I have sympathised with the concept of the Society sponsoring a College of General Practice to cover postgraduate education. This, however, would result in the formation of yet another pharmaceutical body—another fragment for the pharmaceutical universe. Perhaps it would be wiser to revive the old PhC designation within the Society to reward and recognise those who wish to improve their all-round professional efficiency.

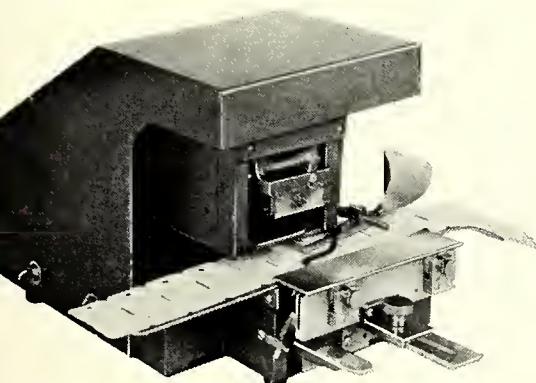
Secondly, consideration must be given to the more tangible incentives that can be made available to pharmacists who maintain this qualification. Precedent already exists for such payments in the terms of remuneration for medical practitioners and, as the PSNC is now attempting through its new proposals to individualise the contract, it would appear that such payments could also be negotiated for pharmacists.

One has been criticised for discussing
Continued on p571

Like your problems, Kimbball comes in all shapes and sizes.

**The Kimball Tag.**

To give you comprehensive management data, buying trends, stock levels, etc.

**Kimco Garment Ticket System**

Will print a wide variety of tags and tickets, with control stubs if required, in strips or fan fold. Fast, simple to use and more economical than any competitive machine.

**Kimbball Midget Marker**

An economical, simple to operate, portable tag, ticket and label printer to cope with a wide variety of labelling applications.

From simple price and code labelling machines to sophisticated computerised data capture systems, Kimball have the answer.

Whether you're big or small.

Whether you're a manufacturer, wholesaler or retailer. Whether you're selling clothing, ironmongery or groceries. Because Kimball tickets, tags and equipment will do everything from simply telling your customers the price, to giving you the kind of management information you need to run your business more efficiently and more profitably.

**Speeder Pricer**

Ideal for the smaller business. Copes with any shape or size on almost any material. Prices up to 99½p or £9.99½p. Self-inking pad in different colours, safe to use with all foods.

**Labelling Guns for all purposes.**

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Pharmaceutical Society of Ireland

Copy' scripts warning from president

Warnings to Irish pharmacists against issuing copy prescriptions to patients and supplying topical corticosteroid preparations without prescription were made by Mr M. F. Walsh, president of the Pharmaceutical Society of Ireland, at this month's Council meeting.

Mr Walsh said copy prescriptions, when issued to patients, were sometimes presented as originals in other pharmacies but had no legal standing and should not be dispensed. If a pharmacist wished to convey *bona fide* information to a prescriber, he should do so by direct communication.

Some pharmacists were still supplying topical corticosteroid preparations without prescription, Mr Walsh said. The Council would have no option but to institute legal proceedings against anyone breaking the law in this way.

Mrs Kathleen O'Sullivan is to be co-opted to Council following the resignation of Mr Thomas McGuinn, recently appointed to the Department of Health. Proposing her co-option, Mr Walsh said Mrs O'Sullivan had given excellent service on Council from 1972-76. For personal reasons she had not stood for election last October but was now available. Mr T. R. Miller stated the southern region had not been directly represented on Council for some time and agreed that Mrs O'Sullivan was an excellent choice.

'Break-in' survey

Council are to survey pharmacies to assess the incidence of "break-ins" over the past three years. The president said he was arranging a meeting of pharmacists and other interested parties to review the security problem and to determine additional steps to improve the situation.

Mr M. J. Cahill, registrar and secretary, reported a reply from the Minister for Social Welfare concerning insurance under the Social Welfare Acts for students apprenticed to pharmacists. The Minister said that such employment was insurable at the ordinary contribution rate and also attracted pay-related contributions.

Concern about the lack of accommodation where pharmacists and students could meet for social functions was expressed by Mr M. L. Cashman. Other professions enjoyed such amenities which helped to foster *esprit de corps* within a group, he said. Mr R. J. Semple agreed and said the Pharmacy Bridge Club helped but was handicapped by the absence of a recognised venue.

Mr R. J. Power reported a recent seminar on product liability, jointly sponsored by the Society and the Pharmaceutical, Chemical & Allied Industries Association.

It had proved to be most informative, he said, and he congratulated Mr Cahill, who had expressed Council policy most admirably to the meeting.

Professor R. F. Timoney told Council of the seminar attended by pharmacy teachers from Queen's University, Belfast, and College of Pharmacy, Dublin (*C&D*, March 26, p436) and Mr Walsh described the PSNI president's annual dinner (*C&D*, April 9, p509), adding that he was privileged to represent the Society at a gathering of their Northern Ireland colleagues.

The treasurer, Mr M. Shannon, thanked the Irish Pharmaceutical Union for a very generous contribution of £200 to the Benevolent Fund. Mr Cahill reported with regret the death of Mr Francis Kiernan, MPSI, Borris, co Carlow. He was one of the longest-serving pharmacists on the Register and was the father of Mr Luke Kiernan, MPSI, Thomondgate, Limerick.

The following were nominated for Society membership: Anna H. Dolan, 6 Rockfield Avenue, Dublin 6; Martin F.

Donnellan, St Cronin's Terrace, Roscrea, co Tipperary; Catherine Ennis, Guidenstown, Kildare.

The following changes of address were notified:

Mrs Madeline Brennan, MPSI, and Miss Marie C. Brennan, LPSI, Mount Carmel, 83 Parklawn, Mount Prospect Avenue, Clontarf, Dublin 3; Mrs Mary Angela Killacky, LPSI, 3 St Mary's Villas, Boghall Road, Bray, co Wicklow; Miss Margaret A. Mulholland, LPSI, 27 Raglan Road, Ballsbridge, Dublin 4; Mrs Mairead McCarthy, MPSI (nee Sweeney), c/o Carbery Chemicals Ltd, Main Street, Drimoleague, co Cork; Miss Ellen Quirke, MPSI, 5 James Street, Tipperary; Mr Lawrence Boateng, MPSI, 276 Wightman Road, London N8.

Mr Philip Peter Brady, MPSI, 14 Leicester Avenue, Rathgar, Dublin 6; Mr Martin F. Donnellan, LPSI, 11 St Cronin's Terrace, Roscrea, co Tipperary; Mr Peter Paul Hayes, MPSI, 83 Threadneedle Road, Salthill, Galway; Mr Henry Hughes, MPSI, 8 Oaklawn, Castleknock, co Dublin; Mr Donal A. McGoey, MPSI, 32 Wyvern, Killiney Road, Killiney, co Dublin; Mr Jeremiah O'Donoghue, Glencool House, Kisivigeen, Killarney, co Kerry; Mrs Maire Twomey, The Mill House, Ballylanean, Kilmacthomas, co Waterford; Miss Vivienne Ahern, Primrose Hill House, Tivoli Road, Dun Laoghaire, co Dublin; Miss Mary Crosse, 32 Palmerston Road, Rathmines, Dublin 6.

Pharmacy's direction

Continued from p568

remuneration whilst speaking as a member of the Society's Council, it being considered that the Society's interest rested solely in the professional field. Without remuneration, however, any profession would cease to exist!

The small pharmacies scheme, for example, would seem to be based on a curious hypothesis. Significantly the money is coming not from the Government but from redistribution of the global sum due to contractors generally—but will such a redistribution be counter-productive? The County of South Glamorgan has an area of 160 square miles and a population of 400,000 served by 105 pharmacies. When a study was carried out by the FPC to establish which of the pharmacies fulfilled the criteria for small pharmacies subsidy, it was found that nearly half dispensed fewer than 24,000 prescriptions per year. They do not fall within the other criteria and therefore, will not be eligible for subsidy, but conversely will lose financially by redistribution of the global sum. Clearly, this new scheme will contribute to a reduction of their viability.

The viability of pharmacies would appear to be the motivation for two resolutions before the forthcoming Branch Representatives Meeting in May. Both press for the planned distribution of pharmacies—yet both in their explanatory memorandum ask for something entirely different, namely protection against "leap-frogging" and incentives to maintain a service in areas of low population density. Neither needs the blunderbuss legislation required for a planned pharmaceutical service. Protection of viability can be achieved by legislation to govern the award of NHS dispensing contracts through a national Pharmaceutical Practices Committee, analogous to that administering the policy of attracting medical practitioners to under-doctored areas. At no time has the medical profession asked for a planned service—indeed the reverse has occurred. Prior to the commencement of the PPC's duties, however, clear criteria

must be established for the classification of practice areas. Analogous areas could be adopted by pharmacy—"designated" areas being those in which the establishment of a pharmacy would be strongly encouraged, "restricted" areas being normally closed to new entrants, even as replacements for outgoing contractors. The abhorrent tactic of "leap-frogging" could be prevented by such means.

If a planned pharmaceutical service were introduced it must be recognised that planning means the ability to maximise the use of available resources—that is, the ability to open, close, or move a pharmacy would be the prerogative of a government agency. Little publicity appears to have been given to counter the arguments in favour of planning, indeed we are almost being brainwashed to accept that the planned distribution of pharmaceutical services is either desirable or necessary. To introduce planning into an established system must result in the rationalisation of services, the closure of more pharmacies than would be opened. To maximise resources would also result in pharmacists being required to fulfil professional duties, tablet counting being reserved for less qualified members of staff. Such an exercise is being carried out in Sweden and there is now unemployment amongst the pharmaceutical profession.

Spell out implications

It is suggested, therefore, that those members of the pharmaceutical profession who seem to regard a planned pharmaceutical service, as the panacea for pharmacy's ills, should first spell out its implications. Otherwise, they are liable to unleash upon the profession consequences which the present rank and file members do not intend. Everyone must be made to realise that "planning" is not simply a protectionist measure.

Before its proponents commit themselves to its irrevocable introduction, they could well muse upon the words of Mr Maurice Macmillan: MP, "Liberties are eroded not by men of evil-intent, but by good intentions mixed with a fundamental contempt for the ordinary person such men have for their less gifted fellows."

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Anxiety

by Professor Peter A. Parish, MD, FRCGP, professor of clinical pharmacy,
School of Pharmacy, UWIST, Cardiff

An unpleasant feeling of apprehension and tension. It is very closely related to fear but rather than being focussed on an immediate danger it usually develops in anticipation of an event. It is a "normal" response and often of use, since activities that trigger it off can be avoided and those that reduce it can be encouraged. Anxiety becomes labelled as a medical problem when an individual feels excessively anxious without obvious cause.

Predisposing and precipitating factors We are all more or less anxious but some of us are more vulnerable than others. Everyday situations may make some people anxious because they are not fully able to understand what is going on eg a confused elderly person. Inability to make a decision or fear of making the wrong decision (note Pavlov's dog experiments) leads to anxiety.

Some individuals suffer from anxiety with intense fears (eg fear of going out of the home) and feelings of unreality (depersonalisation). These groups of symptoms are labelled *phobic anxiety*.

Increasingly, we are told that contemporary life produces stress leading to anxiety and other emotional disorders. But this correlation has coincided with the availability of anti-anxiety drugs so that ordinary everyday problems of living have become defined as medical problems requiring drug treatment. No wonder the use of anti-anxiety drugs has increased 50 per cent over the past decade. Another contributory factor to their increased use is that these drugs are often continued on repeat prescriptions for many months or years after the event which sparked off the episode of anxiety.

Symptoms of anxiety These include feelings of tension and apprehension ("I feel as if something tragic is going to happen any minute") which may be associated with difficulty in thinking and learning (eg a student facing an important examination). In addition there are physical symptoms such as dry mouth, tachycardia, sweating, tremor, gastro-intestinal symptoms, headache and anorexia. The anxiety may occur in short episodes or it may be long continued and it can be mild or so severe as to cause panic. It may produce frightening visceral symptoms (eg tightness in the chest and breathlessness) which may lead to further panic.

Chronic anxiety may be associated with feelings of sadness and hopelessness. Doctors often recognise symptoms of depression in these patients and depressed patients are often anxious or agitated. Anxiety and depression must therefore only be seen as labels to describe clusters of symptoms amongst the whole spectrum of symptoms produced by an emotional disorder. Their specific labelling has in

part been the consequence of marketing techniques and retrospective diagnoses following various responses to drug therapy. Clearly it is not appropriate to label and treat a set of symptoms in isolation yet the discretionary criteria upon which prescribing doctors base their use of anti-anxiety drug are far from ideal.

Treatment Varies according to the cause, duration and severity of the anxiety. Episodes may be transient or long lasting and it is important to remember that patients live their disorder socially ie there are many factors which will determine outcome other than intervention by doctors and drugs.

Patients may need counselling and support to get them through a particularly difficult episode in their life. Yet often the doctor has to recognise that there is very little he or his patient can do to change the situation; he therefore offers a chemical "crutch" in order to modify the patient's response.

The drugs of choice for this purpose are the benzodiazepines (eg diazepam) there being little to choose between them. Patients with phobic anxiety may respond to deconditioning techniques and some are helped by tricyclic antidepressants (eg imipramine) or monoamine oxidase inhibitors (eg phenelzine). When anxiety symptoms are fused with depressive symptoms it is best to try a tricyclic antidepressant. Initially a benzodiazepine may be used for a few weeks along with the antidepressant. Some patients respond better to a combination of a tricyclic antidepressant and a phenothiazine tranquilliser (eg combined amitriptyline and perphenazine as in Triptafen). The important point to remember is that none of these drugs are curative and therefore having relieved the symptoms the doctor should not forget to treat the patient. Alternatives to drug therapy which should be considered include relaxation, Yoga and bio-feedback.

Precautions in the use of drugs There are so many preparations on the market that it is difficult to give concise information about adverse effects, precautions and possible interactions of the drugs used. Remember the effects of anti-anxiety drugs upon driving skills and the operation of moving machinery and always warn patients about the fact that these drugs increase the effects of alcohol.

Read up details under chlordiazepoxide, imipramine, phenelzine and chlorpromazine. Use these four drugs as reference drugs and then you will be aware of the effects of other drugs related to them. Use chlordiazepoxide as the reference drug on benzodiazepines, imipramine on tricyclics, phenelzine on monoamine oxidase inhibitors and chlorpromazine on phenothiazine (major) tranquillisers.

Books

Health Aspects of Human Rights

World Health Organisation (UK agents: HM Stationery Office, 49 High Holborn, London WC1). 9½ x 6½ in. Pp 48. £2.

This study, which pays special reference to developments in biology and medicine, was prepared at the request of the World Health Assembly. It attempts to summarise the main situations in which medical procedures performed on human beings may impinge on the rights of the individual; while it might be considered possible to reach a consensus at the inter-governmental level on the principles that should govern human experimentation, there are quite a number of other areas—such as contraception, sterilisation, and induced abortion—in which agreement is unlikely owing to differing ethical, legal and social values in different countries. The study therefore describes various situations in which human rights are involved, without reference to their susceptibility to intergovernmental action, and include such topics as the moment of death, the right to die, transplant surgery, psychosurgery, and compulsory protection. The study does not claim to be comprehensive; it aims only to illustrate a few of the questions that may present particular problems.

Poor Health, Rich Profits

Tom Heller. Bertrand Russell Peace Foundation Ltd, Bertrand Russell House, Gamble Street, Nottingham. 7½ x 4¾ in. Pp 76. £3.95 cloth; £1.25 paper.

The role of the multinational drug companies in the under-developed countries is examined in this book, which is intended as a "contribution to a much larger debate concerning the structure, function and effects of multinational companies in general". The bulk of the text is based on 71 quoted references which accuse the drug companies of various types of exploitation of the third world from over-charging (figures from 5 to 6,400 per cent are quoted) to such "dirty tricks" as testing new medicines on the people of the under-developed countries, drug dumping and smuggling, and bribery.

The last few text pages discuss the measures the third world should take, including enforcement of the use of generic rather than brand names, the establishment of purchasing and distribution on a national basis, and the development of indigenous pharmaceutical industries. An appendix gives the general pattern of a "first line" of basic pharmaceuticals needed by developing countries.

Books received

Microcapsules and Microencapsulation Techniques

M. H. Gatcho. Noyes Data Corporation, (Mill Road at Grand Avenue, Park Ridge, New Jersey 07656, USA). 9½ x 6in. Pp 351. \$39.00.

More Profit from your Stock

E. A. Jensen. E. A. Jensen (39 Withdean Crescent, Brighton BN1 6WG). 8½ x 5½ in. Pp vii + 156. £2.50.

Harry Steinman, OBE, FPS

A tribute to his contribution to the profession in the year that marks his retirement from pharmaceutical public life

Salford-born Harry Steinman took the first steps in his chosen profession as apprentice to the late G. V. Tyler, MPS, of Swinton, before going on to study under Harry Brindle at Manchester College of Pharmacy, where he qualified in 1927.

After gaining retail management experience, Mr Steinman took over an established pharmacy in Manchester's Cheetham Hill Road, where today, some 43 years later, he is still an active proprietor. His interest in local pharmaceutical affairs was quickly apparent, and the name of Steinman was coupled with those of such stalwarts as A. E. Thorpe and E. Cronin among the "rebels" of the day. Harry Steinman was soon appointed to the executive of the junior branch of the local branch of the Pharmaceutical Society (later to be taken over for constitutional reasons by the Manchester Pharmaceutical Association). Following his appointment as chairman of the juniors in 1931, he went on to join the executive of the local branch of the Society and the council of the Association for the first time in 1935, becoming president of the Association in 1947 and serving as branch chairman 1945-50. At local level he has chaired—and in some cases still chairs—many professional bodies, including the local branch of the National Pharmaceutical Union, the Manchester Pharmaceutical Committee, the Manchester Executive Council and the Manchester Family Practitioner Committee, as well as serving as president of the management committee of the Executive Councils' Association.

Service to the community

Harry Steinman has gone on record as saying that the greatest privilege granted to him by his profession of pharmacy has been that of serving the community via the National Health Service. He has been intimately concerned, since the early days of the Beveridge Report, with the negotiations with the Ministry of Health concerning terms of service for pharmacists. This activity has taken Mr Steinman's skill and experience onto many committees, both national and local in scope. Nationally, he has served on and chaired the Joint Pricing Committee for England, the Pricing Methods Subcommittee, the Central Health Services Council, the Standing Pharmaceutical Advisory Committee and the Central (Chemist Contractors) Negotiating Committee. On his home ground, where the 1974 NHS reorganisation has brought him increased responsibilities, Mr Steinman is currently serving upon the North-western Regional Health Authority, the Manchester Area Health Authority, the North-western Regional Pharmaceutical Committee and the Manchester Area Pharmaceutical Committee, in addition to those committees operating before 1974 and whose

functions are now duplicated in the re-organised service.

For many years Harry Steinman has had a deep personal commitment to both the National Pharmaceutical Union and the Pharmaceutical Society, and both bodies have recognised his contribution by the award of their highest marks of esteem. His appearance on the national scene with the National Pharmaceutical Union came

in 1941, when he succeeded the late E. Scholes as the North-west Regional representative. Mr Steinman became the Union's chairman in its silver jubilee year (1945), and was unanimously invited to take the chair once more in the golden jubilee year of 1970, an achievement that can never be matched. He therefore has the unique distinction of having served as chairman of all of the companies associated with the Union (Association) on two separate occasions.

He was elected to the Council of the Pharmaceutical Society in 1947, in succession to the late J. H. Franklin. He served as president in 1955 and as treasurer 1963-75, and in over 30 years on the Council has proved to be one of the sternest protagonists of "pharmacy for the pharmacist", whilst at the same time insisting on a high standard of professionalism from pharmacists themselves. In 1966 Harry Steinman was designated a Fellow of the

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Society, and this was followed in 1973 by the award of the Charter Gold Medal, the highest honour that the Society can bestow.

In his long career of dedicated service to pharmacy, Harry Steinman has spoken out fearlessly many times in defence of his chosen profession. He has featured in many radio and television programmes, has had many of his addresses and papers published both in the pharmaceutical Press and further afield, and has consistently pressed the pharmacists' claims to be able to exert their full pharmaceutical skills in their service to the public.

His appointment by the Queen in 1966 as an Officer of the Most Excellent Order of the British Empire was well merited, and was widely acclaimed as a fitting reward for honest and faithful endeavours to obtain for the pharmacist recognition as a full partner in the health team serving the nation.

It is appropriate that Manchester's Piccadilly Hotel should be the scene of the testimonial banquet to be held in honour of Harry Steinman in June, for it was there in 1966 that he achieved one of his greatest successes, as chairman of the local committee of the British Pharmaceutical Conference, an occasion which will be remembered with gratitude by all who had the good fortune to attend.

Animal medicines sales: 'new approach needed'

A fresh and unified approach to the distribution of animal medicines in the EEC is needed, believes Mr David Miller, animal health adviser to Squibb Europe.

He lists some of the requirements the UK industry feels are important in the March *Veterinary Matters*, published by the Association of the British Pharmaceutical Industry. For example, professional farmers should not be equated with the average layman or urban pet owner in their ability to handle medicines. Draft legislation on animal medicines has been 'noisily opposed in an emotive and misleading campaign by the pharmacists and practising veterinarians' who do not appreciate the farmers' knowledge in this area, Mr Miller writes.

The industry believes non-prescription drugs should be readily available to the farmer at the place they are required; proper and secure conditions of storage must be provided; relative costs to the farmer of distribution through various channels should be evaluated; and the distributors should have sufficient knowledge of current animal husbandry, management practices and the products themselves to be competent to give advice on their use.

Ag and vet' course

A course for members of the Agricultural and Veterinary Pharmacy Group to take place at the Wellcome Foundation Ltd, May 9-13, and is intended for those branching out into that sphere of pharmacy and also as a refresher course. It deals with biologicals, internal and external parasites, vaccination techniques, breeding and diseases and products. Laboratory visits have also been arranged.

Pharmaceutical Society of Great Britain

Analgesics to be part of a major HEC campaign?

Proposals for a "relatively minor" health education campaign involving pharmacies have been shelved in favour of a "major" campaign now under discussion, the Pharmaceutical Society's Council was told at its meeting this month.

The Practice Committee received a report on a meeting between representatives of the Health Education Council, the National Pharmaceutical Association and the Society. The meeting had noted the assurances given by the Minister for Health, Mr Roland Moyle, and the Secretary of State, Mr David Ennals, for a major campaign, and had reviewed the past history of efforts to arrange a campaign involving pharmacists in the distribution of leaflets. After discussing the means by which health education material could be distributed to and used in general practice pharmacies, the meeting had agreed not to proceed with the detailed arrangements for the "relatively minor" scheme, pending the outcome of discussions that were to take place between the Society, the HEC and the Department of Health on the proposed major campaign.

The president, Mr J. P. Bannerman, reported to the Committee that he had received a letter from Sir George Godber (chairman, Health Education Council) in which he had said: "We are planning a 'better health' campaign to be mounted in the autumn, and the proper use of medicines would fit well into this as one of the major components. That might be a lot more effective than a rush job referring particularly to analgesics which will simply seem like an echo of something that happened in Parliament."

The letter added that the HEC did not have £1m available to fund a health education campaign on medicines; the additional £1m allotted was partly committed to two existing projects and the remaining £750,000 was expected to finance the "better health" campaign. The campaign was to be discussed at a meeting between the HEC and Society on April 13.

Overseas pharmacists

The Adjudicating Committee was asked to consider the effect of discontinuing the special one-year, full-time course for overseas pharmacists at Sunderland Polytechnic. The course was considered valuable as a screening process, deterring frivolous inquirers and benefiting the better qualified applicants; discontinuation might be construed as an abrogation of responsibility, the Committee suggested.

An examination was at present an integral part of the course and was held by courtesy of Sunderland Polytechnic. If the course, which represented no charge to the Pharmaceutical Society, were discontinued, examination facilities might no longer be available, and the Society would

find it necessary to appoint a board of examiners at considerable additional expense. The Committee noted that in the past three years the average number of registrations arising annually from the course had been 13, a number which did not materially affect manpower.

The Adjudicating Committee resolved that there should continue to be a one-year full-time course for overseas pharmacists, and that the course should be available only to persons required or advised to complete it following interview by the Committee appointed under the byelaws.

Council agreed, on the recommendation of the Education Committee, to a further five-year period of approval, for the purposes of registration, of the University of Bradford degree of Bachelor of Pharmacy (honours and ordinary) obtainable by means of either a three-year continuous course or a four-year sandwich course. The approval is subject to any amendments being submitted to the Society during the period before implementation.

Training during sandwich courses

It was reported to the Education Committee that staff and students of the University of Bradford school of pharmacy had sought a change in the Society's policy that a period of preregistration experience during the sandwich course if the previous examinations had been passed. It was also reported that, following an approach from the school, the Pharmaceutical Services Negotiating Committee had confirmed that the preregistration grant could not be claimed in respect of any period which had not been accepted by the Society because the student had not successfully completed examinations.

The Committee expressed the opinion that there should be no change in the Society's policy, because sandwich course students would otherwise have an advantage over three-year course students. The latter could not commence a period of postgraduate experience without graduating, and often could not enter a final year course without successfully completing the previous examinations. It was also felt that students carrying a referred subject into a preregistration period would not be able to devote all their time to that experience.

In discussion at the meeting of Council, Mr J. A. Myers suggested the Society should be "more magnanimous". He moved that the periods of experience should be accepted even where the odd student had failed the examination. Mr C. C. Stevens seconded.

Professor A. H. Beckett urged Council to exercise caution before acting on the proposal. If it were granted, he said, there

PSGB Council

No 'sandwich' concession

Continued from p575

would be difficulty for students educated in the "classical" way. Dr D. H. Maddock suggested that the heads of schools had chosen to have that type of course, and now wanted the Society to help them out of a difficulty which had been evident before it started. The principles involved could rebound through the whole of academic pharmacy for the sake of a small number of students.

Mr Balmford felt that the penalty that appeared to be thrust upon the sandwich course students was being over-emphasised—they were only penalised for six months. The students completed their course, they completed the second period, and then those who failed at that stage had to do a further six months. So they were better off than those who went to the additional course and finished the whole thing. The motion was lost.

Postgraduate course allowances

The Pharmaceutical Services Negotiating Committee is to be invited to join the Society in again seeking a meeting with the Department of Health to discuss the principle of introducing postgraduate education allowance for pharmacists attending courses related to the provisions of NHS Part IV pharmaceutical services. The Education Committee was reminded that early in 1976 the Council and the PSNC had agreed terms of representation to be made to the Department for the introduction of such allowances and that, following a request made on behalf of both bodies, a meeting with the Department had been arranged for September 30, 1976. The Department had, however, deferred the meeting, and had now suggested that no meeting be held, because of objections relating to the pay policy and the economic difficulties of the Health Service, together with the fact that the arrangement could not be introduced under current legislations.

The Committee was informed that the Society and the PSNC had been seeking an opportunity to discuss the matter in principle for implementation when circumstances permitted. The Committee therefore recommended, and Council agreed, that the PSNC should be informed of the Department's reply and that the new invitation should be sent.

The possible establishment of a student membership category of the Society is to be raised at the Branch Representatives' Meeting on May 19, the Organisation Committee reported. The following motion, proposed by the executive of the British Pharmaceutical Students' Association, will be submitted to the meeting: "That it is the opinion of this meeting that the Council should establish within the Pharmaceutical Society a student membership category which involves the students par-

ticipating in the BRM in a similar manner to the local branches" (*C&D*, last week, p541, and Letters this week, p578).

No action is to be taken on a proposal from the Northumbrian Branch of the Society that the Council should consider introducing a card vote system at the BRM to allow the "weighting" of each representative's vote to be in proportion to the number of members in the branch. The proposal arises from the Council's decision to limit the number of representatives to the meeting to two, irrespective of the size of the branch.

Council has agreed, following a recommendation from the Organisation Committee, to provide each region with a grant for the financial year beginning April 1, 1977, on the same basis as previous annual grants. Mrs J. Gilbert suggested that an increase of 15 per cent in the regional grant would have been

helpful to regions, and would have been a gesture by the Society; it would cost something like £1,000. The suggestion was not supported.

Call to restrict animal medicines

Council is to suggest to the Government that animal medicines on the proposed "merchants' list" should be sold only by specified persons, whose names would be included on a list to which no additions could be made after its initial establishment. In that way, full pharmaceutical control would eventually arise as the number of names on the list diminished.

A draft letter to the Ministry of Agriculture, Fisheries and Food was considered by the Practice Committee, on the recommendation of the agricultural and veterinary practice subcommittee. It set out briefly the course of events leading to, and the Council's views on, the proposed Medicines (Exemption from Restrictions on the Retail Sale or Supply of Veterinary Drugs) Order, which provided for a list of animal medicine products which could be sold by any agricultural merchant, provided he notified the Society of certain "relevant particulars", which were, in effect, the name and address of the premises where sales were to be made.

The draft letter suggested that merchants should also be required to notify the Society of the names of persons in charge of "merchants' list" sales. It would be necessary to establish a list of such persons, and a merchant would not be legally entitled to sell products from the "merchants' list" unless the sales were effected under the control of a pharmacist or a listed person. Entry to the list would necessitate certain requirements as to age, length of experience and any other criteria which might be deemed necessary. Only persons in post at a specified date and complying with the requirements would be eligible for inclusion in the list. After the initial establishment of the list there would be no further additions to it, so that with the passage of time the number of listed persons would diminish and pharmaceutical control would be gradually effected. The draft letter quoted several precedents for that kind of arrangement, including provisions under the Pharmacy and Poisons Act 1933 and the Pharmacy and Medicines Act 1941.

The Practice Committee agreed the content of the draft letter, and recommended that a meeting be held with the National Farmers' Union to discuss the letter before it was submitted to the Ministry. The Committee also recommended that should there be any delay in organising a meeting with the NFU, then the letter should be sent without discussion. The recommendations were approved by the Council.

Fluted bottles

The Society is to press for the continued use of bottles distinguishable by touch for certain preparations. It considers that the use of fluted bottles should be retained in the interests of public safety. The general practice subcommittee was informed that the fluted bottles requirement in the Poisons Rules 1972 was to be omitted when revised rules came into operation later in 1977. When the change

Council's flag again sees the light

The *C&D* reporter, ensconced in the special box provided in the magnificently appointed Council chamber at the Pharmaceutical Society's "Lambeth Palace", faced a new hazard this month when endeavouring to make a coherent record of the Council's deliberations. To date the confidential eloquence which marks the discussion of committee reports has been further muffled because the seating arrangements compel half the speakers, including most of the major orators, to speak with their backs to the scribe.

The *C&D* reporter has been known to breathe a small sigh of relief when Mr A. Howells, who combines the duties of treasurer and flag guardian, hoists the metal-stemmed standard to denote that Council is "in committee" and therefore incommunicado.

But the battered committee "flag", which survived the battle and the breeze of a thousand Bloomsbury verbal engagements before emigrating to Lambeth, now has an elegant rival. A small box, tastefully coloured to match the ambient woodwork, houses a tiny illumination which glows when the Council is in committee. Unfortunately, it does not convey a clear indication—at least not to the reportorial bench—of whether or not the councillors desire their utterances to be recorded. And the *C&D* reporter was left gnawing his pencil in frustrated indecision.

But immediate past president, Mr C. C. B. Stevens, proved a valuable if involuntary ally. Having called for "the flag" and received "the light", he protested: "I don't regard that as binding. I can't see whether it is alright. I want the flag. That bauble can be taken away." And so from beneath the table emerged "old glory" to perch triumphantly on his prostrate rival. The subsequent disappearances and reappearances of the flag were reminiscent of the target signal at Bisley as "bulls", "inners" and "magpies" were recorded for the edification of all.

There is no truth in the rumour that the electrical box is to be replaced by a model chimney emitting black or white smoke.

Continued on p578



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Letters

Student influence

With reference to your Comment "Involving students" (C&D, April 16, p523), I cannot let the opportunity pass without taking advantage of your literary licence to communicate with the Pharmaceutical Society's members.

Are you suggesting that we should be content to relegate ourselves to the letters pages of the pharmaceutical Press in order to get our opinions heard? How often are letters read and ignored, if they are read at all? We realise that there is always a friendly elder ear to listen to us when need be, but do our elders speak out loudly enough? Perhaps your readers are worried in case these students want to run the show once we have a foot in the door. How can we dispense with the antiquated misconceptions of the student as a political activist?

Through our annual conference, which the writer admits is well organised and successful, we have a comprehensive method of demonstrating opinion which we feel deserves more than a friendly ear. Putting our motions directly to the Branch Representatives' Meeting is to ensure that they are discussed wholeheartedly and immediately by the people that matter; those who can influence Council and report back to the members.

Apathy there will always be as is evident by the number of people who will put this paper down having read this letter and think nothing more about it. You accuse us of not applying to heads of schools, not lobbying Council members, and of not writing letters to the Press, when even a large majority of the Society's 30,000 members cannot be thus motivated. Our proposals are not revolutionary, just new, and I hope every one of your readers will go out of his or her way to obtain a copy of the proposals presently being distributed to the branches.

A. Stow
president, BPSA,
Portsmouth, Hants

Pharmacist's market value

Much publicity has been given to Mr Clive Jenkins's successful negotiations on behalf of many of the members of ASTMS to restore their "differentials", when the current "pay restraint" ends in July 1977. Some members will receive a 23 per cent increase in salary.

It would be a fair observation to state that the average salary offered to prospective employees in the pages of the various pharmacy publications, is in the region of £6,000 a year, taken over the past six months. This would be a reasonable indication of the market value of a pharmacist.

I sincerely hope that those employees,

whose basic annual salary is less than £5,000 will have their pay increased to the current market values in July, of say £6,000.

Let the employers be magnanimous for a change, and realise that, but for the pay restraint over the past two years, they would have had to pay their pharmacists far more than they actually did.

Many of the larger multiples have boasted of their record profits in the financial papers, while their faithful employee pharmacists have suffered a sharp fall in their standards of living. New employees tend to earn far more than existing faithful members.

In conclusion may I recommend to all pharmacists seeking a change of employment, to ignore advertisements in which a salary is not mentioned, and refuse to apply to advertisements in which the salary is less than £6,000 a year.

Employers, who claim that they cannot afford to pay such rates, merely have to join ASTMS which is prepared to negotiate better terms for them with the Department of Health and act to stop non-pharmacies from selling medicines.

'Geraint Davies'

PSGB Council meeting

Continued from p576

took place, all medicinal poisons would be deleted from the Poisons List and be subject to the requirements of the Medicines Act 1968 and any regulations or orders made under that Act. However, the relevant section of the Act did not distinguish between medicines at present listed as poisons and other medicines, and it seemed likely that no such distinction could be drawn under the Act. The subcommittee was also informed that it was unlikely that a flouting requirement would be adopted by the European Economic Community in its Directive on dangerous substances.

The subcommittee agreed it was essential in the interest of public safety that flouted bottles should be retained. It recommended, and Council agreed, that the Home Office and the Department of Health be informed that, in the Society's view, all medicines for external use should be in bottles distinguishable by touch and that reference should be made in the letter to the present campaign for child-resistant containers, which were an attempt to safeguard the public. In addition, the Practice Committee recommended, and Council agreed, that the letter be sent also to the British Standards Institution and the Glass Manufacturers' Federation.

The Ethics Committee discussed the provision of a comprehensive pharmaceutical service by a pharmacy in a health centre and considered whether or not the Statement Upon Matters of Professional Conduct should be amended to remove the clause relating to a comprehensive service. It recommended, and Council agreed, that the Society's inspectors should ascertain the number of pharmacies operating in health centres in Great Britain from which sales of medicines or surgical appliances did not take place.

Company News

Leiner to expand gelatin production at Treforest

Work has started on a new building at the Treforest plant of P. Leiner and Sons Ltd under a £550,000 scheme being carried out by the Welsh Development Agency. The 45,000 square feet building, which will adjoin existing premises, is scheduled for completion next March and will provide finished product storage and handling facilities, canteens and staff rooms.

The new building is a major element in the company's development programme and will lead to improved efficiency of production and increased output of gelatin for the photographic, pharmaceutical and food industries, and capsules containing pharmaceutical, vitamin and dietary preparations. The Treforest plant is claimed to be the biggest single gelatin producing unit in Europe and exports goods worth £11m a year to 70 countries.

Boots form joint venture company in Yugoslavia

Boots have signed a joint venture agreement with Galenika, one of the largest pharmaceutical organisations in Yugoslavia, with the main objective of producing and marketing Boots' anti-rheumatic drug Brufen in Yugoslavia and eastern Europe. A new company, Boots-Galenica, has been formed as the culmination of six years' cooperation between the two companies. The initial investment capital will be about £1m, of which Boots will contribute 49 per cent, the maximum permitted under Yugoslav law.

Subject to approval by the British and Yugoslav Governments, operations will begin next year, and a factory to manufacture ibuprofen, the active constituent of Brufen, will be built in Belgrade. Sales of Brufen in eastern Europe are currently some £7m a year.

Bibby buy Sterilin shares

J. Bibby & Sons Ltd have acquired 20 per cent of the issued share capital of Sterilin Ltd for £348,000 and will purchase a further 9·9 per cent in January 1978 with the option to acquire another 10·1 per cent before December 31, 1983. Sterilin claim to be the largest manufacturer in Europe of single-use sterile products for medical and industrial applications, and a major exporter to more than 70 countries. The two factories in South Wales produce over 1m units a day.

Bibby already manufacture sterile papers and packages for hospitals and laboratories, as well as a wide range of edible oils, soaps, farm products, animal feedstuffs, etc. The pre-tax profit in 1976 amounted to £4·2m (£2·1m in 1975) on a turnover of £146·6m (£120·9m).

Part of a new 6,500 sq ft medical products' extension at Unichem's Leeds depot, which brings the total warehouse space to over 22,000 sq ft. The single storey extension was formerly part of an old local landmark building, Elmwood Mill, adjoining Unichem's premises. It incorporates a computer print room and duplicating room



Trading continues to be satisfactory, say Croda

External sales of Croda International in 1976 amounted to £181·7m, 33 per cent above the 1975 figure of £134·4m, and the trading profit was up 50 per cent at £16·2m. Pre-tax profit was £15·2m (£9·3m in 1975). Most of the UK divisions increased sales and profits, particularly good results being achieved from chemical operations and in exports which increased 83 per cent. Edible oil refining was a profitable sector, and expansion was achieved in gelatin and specialised food ingredients.

The chairman, Mr F. A. S. Wood, reports that although it is too early to give a forecast of the 1977 results, he regards trading to date as "reasonably satisfactory".

Briefly

Hammond & Hammond Ltd have acquired larger premises at 64 Otley Road, Guiseley, Leeds, and will transfer their pharmacy at 42 Victoria Road, Guiseley, to the new address early in May.

Revertex Chemicals Ltd report that their turnover in 1976 reached a new peak at £44·8m, 51 per cent higher than in 1975. Pre-tax profit at £3·3m was 16·4 per cent above that of 1975 and also above the previous record achieved in 1974.

North Bridge Pharmacy Ltd have sold the pharmacy at 6 North Bridge, Edinburgh 2 to Baddons (Holdings) Ltd, 23 Sinclair Street, Helensburgh, Dunbartonshire, with effect from April 25. At the same time the head office of North Bridge has been transferred to 1 Elmwood Grove, Whitley Bay, Tyne and Wear.

Unipack Ltd have brought into operation an additional factory at Walkden, near Bolton. It has a floor area of 12,000 sq ft and was designed for the expansion of the company's activities in pharmaceutical packaging. It is now being used for contracts from pharmaceutical houses in the midlands and north.

Appointments

Bristol-Myers Co Ltd: Mr Ray Roberts has been appointed national sales manager for Bristol Laboratories, and Mr Jack Sreeton is now northern regional training manager for Bristol Laboratories and

Mead Johnson. Mr Peter Hughes has joined Mead Johnson as national sales manager. Mr David Alldrick has been appointed product group manager, and Mr Chris Horne has joined the company as assistant product manager on an assignment basis. Dr Barry Guyer has been appointed UK medical director and Mr Simon Parry is UK medical services associate.

Ronson Products Ltd, electrical division: Mr Fred Herting has been appointed a senior representative, covering north London and Hertfordshire.

Cologne Perfumery Ltd: Mr Anthony C. Rix has been appointed general manager. He was formerly responsible for the marketing and sales of toiletry and medicine lines with Beecham for ten years, and was responsible for the development of European business with Shulton for five years.

LR/Sanitas Ltd: Mr Peter Binstead has been promoted to national sales manager of the Eucryl division. He joined LR Industries in 1964 and later became national account sales manager. When LR Industries and Sanitas merged in 1976, he became regional sales manager for the south for the LR/Wright's division.

Syntex Pharmaceuticals Ltd: Dr Miriam Stoppard has been appointed managing director of Syntex Pharmaceuticals Ltd, in succession to Mr John Munson who has been promoted to regional vice-president of the international pharmaceutical division of the parent company Syntex Corporation. Dr Stoppard joined Syntex in 1968 as associate medical director and became medical director in 1974 and deputy managing director in August 1976.

Merck Sharp & Dohme Ltd: Mr Bernard Crawley has been appointed a regional director and has overall responsibility for the UK, Scandinavia and Anglophone Africa operations. He is succeeded as managing director of UK operations by Mr Larry Coombs who was formerly marketing director of Boots Co Ltd. Mr Arthur Jerwood who was formerly administration director is now appointed regional administration director for BISCAF region which includes the British Isles, Ireland, Scandinavia and Anglophone Africa. Dr Jack Merry, formerly medical director, is now regional medical director for BISCAF. Dr Peter Roylance has been appointed medical director to succeed Dr Merry.

Market News

Bismuth salts up

London, April 20: Bismuth salts have risen by approximately £0.60/kg during the week. The carbonate, for instance, has gone up from £9.75 to £10.41/kg in 250-kg lots. The new schedule for the salts is given below. Also advanced during the week were acetarsol and sulphamethizole. Aspirin remains steady at the levels introduced at the end of March. The rise at that time was of the order of £0.11½/kg and not as predicted earlier in these columns (March 12, p352).

In crude drugs cascara was easier on prospects of the new crop. Cherry bark, lemon peel, Chinese menthol and witch-hazel leaves were easier while henbane and cumin seed were dearer. Turmeric has advanced sharply to £440 per ton, cif.

The essential oil sector was quiet as dealers were awaiting the outcome of the China Fair which opened during the week. Brazilian peppermint continued its firm trend, spot offers went up by £0.25/kg and shipment by £0.10. In both Brazilian and Chinese oils the spot rates were more favourable than futures.

Pharmaceutical chemicals

Acetarsol: £12.12/kg in 50-kg lots.

Ammonium chloride: Pure in 50-kg lots £0.2344/kg for powder.

Bismuth salts: £ per kg

	50-kg	250-kg
carbonate	10.46	10.41
salicylate	8.70	—
subgallate	9.24	—
subnitrate	9.47	9.40

Cinchocaine: Base (5-kg lots) £73.18/kg; hydrochloride £69.89.

Citric acid: BP granular hydros per metric ton single deliveries, hydrous £704; air hydrous £757, five-ton contracts £702 and £754 respectively.

Clioquinol: USP XVII 500-kg lots £12.37/kg.

Formic acid: per metric ton delivered in 4-ton lots, 98 per cent £281; 85 per cent £235.50.

Glycerin: In £250-kg returnable drums £621 metric ton in 2-ton lots; £617 ton in 5-ton lots.

Hydroquinone: One-ton lots £2.43 per kg; 500-kg £2.52/kg.

Hyoscynamine: Sulphate, 100-g lots £160.60/kg.

Iodoform: US NF £8.00/kg for 50-kg.

Mersaiyl: Acid £30.50/kg in 10-kg lots.

Paraffins: Liquid BPC heavy, 1-5 drum lots £0.393 per litre, 6-drums £0.389, in bulk £0.349; light £0.357, £0.353 and £0.313 respectively. Technical white oils per litre for similar lots—WA23 £0.33, £0.326 and £0.286; WA21 £0.344, £0.34 and £0.30 respectively. Petroleum jelly BP soft white £343.11 metric ton delivered UK; yellow BP £327.455.

Phosphoric acid: BP sg 1.750 £0.4685/kg in 10-drum lots.

Potassium acetate: BPC £0.50/kg (50-kg lots).

Potassium acid tartrate: BPC £730 metric ton, delivered.

Sulphamethizole: £8.26/kg in 1,000-kg lots.

Crude drugs

Balsams: (kg) Canada £11.50 spot; £11.20, cif for shipment. **Copaiba:** BPC £2.00 on the spot; £1.90, cif. **Peru** £6.30 spot, £6.20, cif. **Tolu** £3.85 spot.

Benzoin: BP £91.00-£92.00 cwt spot; £91.00, cif.

Cascara: £990 metric ton spot; new crop, July-August £920, cif.

Cherry bark: Spot £730 metric ton; £695, cif.

Cinnamon: (cif) Seychelles bark £520 metric ton, cif. Ceylon quills 4 O's £0.72/lb.

Cloves: Zanzibar £4,000 metric ton, cif.

Cochineal: Peruvian silver-grey £14.75/kg spot; £14.40, cif. Tenerife black £21.00, cif.

Dandelion: New crop for shipment £1.17/kg, cif.

Ergot: Portuguese-Spanish £1.80/kg spot; £1.40, cif.

Gentian: Root £1.38/kg spot; £1.33, cif.

Ginger: (ton, cif) Cochin £1,300. Jamaican (spot) £1,500 nominal. Indonesian £1,160. Nigerian split £850 (spot); shipment £820, cif; peeled £1,020. Sierra Leone £1,125.

Henbane: Niger £1,100 metric ton spot; £1,050, cif.

Jalap: Mexican whole tubers basis 15 per cent, £1.57/kg, cif. tubers £2.00, £1.30 spot; £1.90, cif.

Kola nuts: Spot £240 metric ton; £220, cif.

Lanolin: BP in 1-metric-ton lots £0.92 per kg.

Lemon peel: Unextracted £1,250 metric ton spot; shipment £1,200, cif.

Menthol: (kg) Brazilian £10.25 spot; £10.00, cif. Chinese from £11.80 duty paid; £10.75, cif.

Pepper: (ton) Sarawak black £1,640 spot; £1,530, cif. White £1,820 spot; £1,710, cif.

Sarsaparilla: Shipment £1,800 metric ton, cif.

Seeds: (metric ton, cif) **Anise:** China star forward £725. **Caraway:** Dutch £970. **Celery:** Indian £580. **Coriander:** Moroccan £660; Indian £495. **Cumin:** Egyptian £570, Iranian £585. **Dill:** Indian £265. **Fennel:** Egyptian £230. **Fenugreek:** £150. **Maw:** £1,170.

Turmeric: Madras finger £440 ton, cif.

Witchhazel leaves: Spot £2.45/kg; £2.15 cif.

Essential and expressed oils

Bols de rose: Spot unavailable; shipment £7.45/kg, cif.

Caraway: Imported £21.00/kg; English £40 nominal.

Cardamom: English-distilled £280/kg.

Cedarwood: Chinese £1.25/kg spot; £1.35, cif.

Celery: English £58.00/kg.

Citronella: Ceylon £1.20/kg spot; £1.24, cif. Chinese £2.35 spot and cif.

Coriander: Russian about £20.00/kg.

Eucalyptus: Chinese £2.25/kg spot and cif.

Ginger: Firm about £85.00/kg.

Lemon: Sicilian best grades about £14.00/kg.

Lemongrass: Cochin £5.00/kg spot; £4.80, cif.

Lime: West Indian £10.50/kg spot.

Orange: Florida £0.95/kg; West Indian £1.00.

Pepper: English-distilled ex-black £145/kg.

Peppermint: (kg) Arvensis—Brazilian £6.60 spot; £6.60, cif. Chinese £5.90 spot; £6.00, cif. Piperata, American Far West about £33.00, cif.

Sandalwood: Mysore £105/kg; East Indian £95.00/kg spot—both nominal.

Spearmint: (kg) American Far West £18.50. Chinese spot £12.00/kg; shipment £12.00, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

Coming events

Tuesday, April 26

Cardiff Branch, National Pharmaceutical Association, Park Hotel, Cardiff, at 8 pm. Annual meeting.

Fife Branch, Pharmaceutical Society, Dutch Mill, Kirkcaldy, at 7.45 pm. Annual meeting.

Liverpool and Wirral Branches, Pharmaceutical Society, Hospital College, Mount Vernon Street, Liverpool, at 7.30 pm. "Pharmaceutical resolutions".

Mid-Glamorgan Branch, National Pharmaceutical Association, New Inn, Pontypridd, at 7.45 pm. Annual meeting.

Wednesday, April 27

Sunderland Branch, Pharmaceutical Society, Postgraduate medical centre, Sunderland, at 8 pm. Annual meeting.

Thursday, April 28

Bradford and Halifax Branch, National Pharmaceutical Association, Victoria Hotel, Bridge Street, Bradford, at 8 pm. Annual meeting.

Bristol Branch, Pharmaceutical Society, Dyrham Lodge, Clifton Park, Bristol 8, at 7.30 pm. Annual meeting.

Northern Scottish Branch, Pharmaceutical Society, National Hotel, Dingwall, at 7.45 pm. Annual meeting and Mr G. A. Smail on "Drug research—or the luck of the draw".

Northumbrian Branch, Pharmaceutical Society, Hadrian Room, Europa Lodge Hotel, Coast Road, Wallsend, Newcastle, at 7.30 pm. Annual meeting and Mr H. Burlinson (Thos Kerfoot) on "Tablet production".

Thames Valley Pharmacists' Association, Winthrop House, Surbiton, at 8 pm. Mr M. Ansell (Metropolitan police science laboratories) on "Forensic aspects of handwriting".

Friday, April 29

Croydon Branch, Pharmaceutical Society, Greyhound Hotel, Park Lane, Croydon, at 8 pm. Annual meeting and branch representatives' motions.

Price Commission interventions during March

During March the Price Commission rejected seven notifications of price increases from manufacturing and service companies. In another 13 cases the companies concerned withdrew their notifications and in 32 cases the extent of increase was reduced by the Commission.

The rejections included an application from Gillette Industries Ltd to increase the price of surgical syringes, whilst the withdrawals included one from Reckitt and Colman Ltd for Haze air freshener and one from Merck Sharp and Dohme (Holdings) Ltd for animal and plant health products. Parke, Davis & Co were among the companies whose price applications were modified.

Following inspection of company records, the Commission's regional offices secured price reductions amounting to £5.22m during the month and in addition 166 individual voluntary price reductions were secured following complaints about increases.

Training aid for sales representatives

A set of video programmes, produced by the Distributive Industry Training Board to help train sales representatives within the industry, deals with incidents taken from real life. Entitled Sales Quest the set comprises six programmes: Cassette A contains The receptionist; Phoning for an appointment; and First Impressions; cassette B contains Sales aids; Overcoming objections; and Closing the sale.

Each programme deals with the "wrong way", an "action replay" with added commentary, and "a better way", and is supported by a trainer's guide providing plenty of material for group discussion, DITB says. The cassettes may be purchased (£45 per cassette) or hired (£10 per cassette), from the Film and Video Library, McLaren House, Talbot Road, Stretford, Manchester M32 0FP.

Doctors reminded of need for immunisation

The Department of Health is reminding doctors and nurses of the importance of maintaining the vaccination programme.

A letter from the chief medical and nursing officers says that every effort should be made to maintain immunisation against diphtheria, tetanus and poliomyelitis irrespective of the controversy over whooping cough vaccination. When there are medical contraindications or parents object to the pertussis component, the diphtheria-tetanus vaccine is recommended as an alternative to the triple vaccine. The Health Education Council is revising its leaflet on immunisation, and the Joint Committee on Vaccination and Immunisation has issued revised guidance on contraindications against vaccination.

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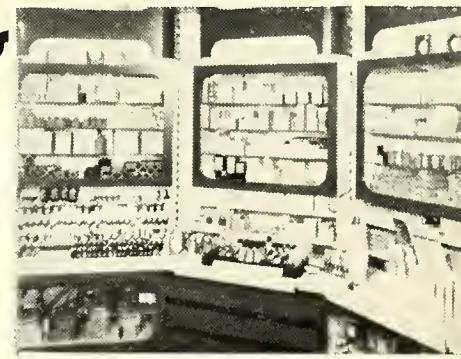
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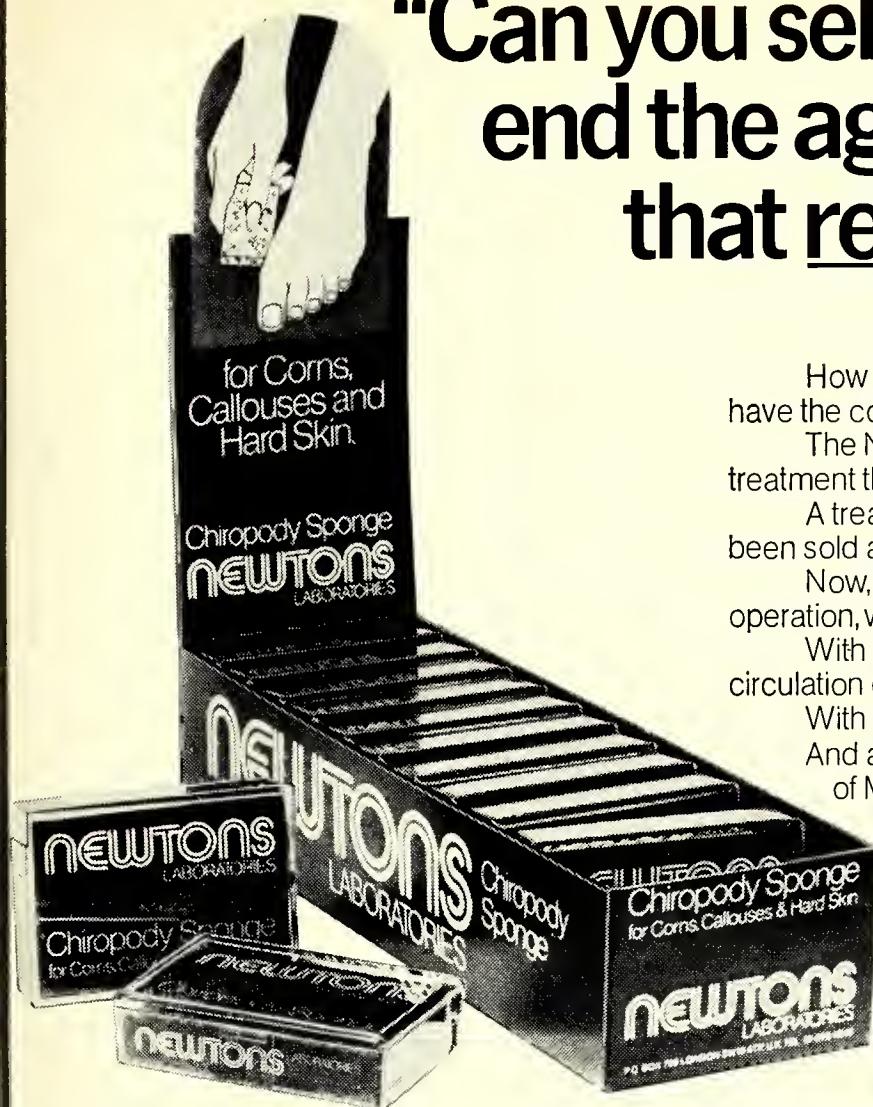
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